

16

Practicing Professional Behavior

essential terms

acculturation
attributes
burnout
certification
CLAS Standards
code of ethics
continuing education
cross-trained
culture
diversity
externship
hard skills
interprofessional
liability
licensure
litigation

malpractice
multicultural
multiskilled
negligence
networking
professional
development
professionalism
registration
résumé
risk management
scope of practice
soft skills
stereotypes
stress



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Learning Outcomes

- 16.1** Model professional behavior and appearance.
- 16.2** Summarize healthcare diversity and competent professional communications.
- 16.3** Discuss risk management and policies and protocol designed to avoid medicolegal problems.
- 16.4** List the causes of stress in the workplace and discuss the coping skills used to deal with workplace stress.
- 16.5** Recognize the different elements of the professional community of the phlebotomist.

Related NAACLS Competencies

- 9.1** Communicate (verbally and nonverbally) effectively and appropriately in the workplace.
- 9.2** Maintain confidentiality of privileged information on individuals, according to federal regulations (e.g., HIPAA).
- 9.3** Demonstrate respect for diversity in the workplace.
- 9.4** Interact appropriately and professionally.
- 9.7** Model professional appearance and appropriate behavior.
- 9.9** Define and use medicolegal terms and discuss policies and protocol designed to avoid medicolegal problems.
- 9.10** List the causes of stress in the workplace and discuss the coping skills used to deal with workplace stress.

Introduction

This chapter provides insights into professional behaviors and cultural competence. It also explores the types and causes of stress on the job and potential solutions to avoid burnout. Finally, it describes professional life after phlebotomy training.

16.1 Professional Behavior

The concept of professional behavior is important in nearly any field in which a person works, whether this person is an auto mechanic, a butcher, a fashion retailer, or an investment banker. Consider what the phrase “professional behavior” means to you and the images that you might associate with such behavior. A **professional** is an individual who performs a vocation or job requiring specialized educational training. **Professionalism** is behavior that exhibits the traits or features that correspond to the models and standards of that profession, which, in this case, is phlebotomy.

Models and standards are developed by professional organizations, such as the American Society for Clinical Laboratory Science, the National Phlebotomy Association, and some state and other governmental entities. These organizations may create or adopt a **code of ethics**. A code of ethics is a statement adopted by a profession that states the expected professional and personal conduct of its members. It is a moral framework that is used to assist professionals in understanding and applying professional behavior in everyday practice and especially in challenging situations. Phlebotomy Code of Ethics statements and Pledges to the Profession can be found on the professional society websites listed in Table 16-2 including the ASCLS code of ethics. Community needs and cultures also play roles in developing standards of professionalism.

Two types of skills are needed in any profession:

1. **Hard skills**—technical skills that require specific training as well as operational proficiencies within a professional’s scope of practice.

Hard skills represent the minimum proficiencies necessary to do the job. Examples of hard skills for phlebotomists are

- dermal (capillary) and venipuncture techniques
- specimen handling and processing
- computer data entry

The ability to perform hard skills is readily observable by trainers and supervisors who can help students or employees correct any deficiencies. The hard skill set is the first screen employers use to determine if applicants are qualified for the position.

2. **Soft skills**—personal **attributes** (defining qualities) or behaviors that enhance an individual’s interactions, job performance, and career prospects.

Soft skills are more elusive and less concrete. These are the characteristics, attributes, or attitudes—such as respect, dependability, and integrity—that people develop throughout their lives and bring with them to their educational programs and jobs. Although these are generally personal attributes, when they are sought after and significant for specific jobs, they are also professional attributes or behaviors. Keep in mind that technical (hard) skills associated with phlebotomy are the reasons most graduates are hired. However, the lack of a specific soft skill

or professional behavior is the reason for most terminations. Weakness in the soft skills is also a major reason that students do not successfully complete their phlebotomy education. Therefore, knowing how to do something is important, but behaving professionally while on the job is essential. The practical application of soft skills in the workplace is treated throughout this book. The chapter *Phlebotomy and Healthcare* discusses the qualities of a phlebotomist including professionalism as well as communication and customer service skills. Patient communications and the application of healthcare ethics are examined in the chapter *Patient and Specimen Requirements*.

1. Define *professionalism*.
2. What is the difference between a hard skill and a soft skill?

Checkpoint Questions 16.1

16.2 Diversity in Healthcare

Have you heard the expression “It takes all kinds”? Professionalism involves understanding people who are different from you and respecting their right to be different. After all, from their point of view, you are the one who is different! **Diversity** is a term used to encompass variations of a category, such as the various types of life found on earth, the various ways one can invest money, and the various cultures displayed by human beings. **Culture** is usually understood to mean a specific ethnic, religious, or socioeconomic background (see Figure 16-1).

Culturally Aware Communication

Every person has a basic worldview that shapes their beliefs about health and disease, the methods for treating disease, and the role of healthcare providers. These belief systems can create challenges for the healthcare worker because individual preferences affect how patients respond to healthcare. National standards have been developed by the Office of Minority Health, within the U.S. Department of Health and Human Services, to serve as a guide for the delivery of quality healthcare to diverse populations. These standards are called the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards)*. The intent of these standards is to help eliminate misunderstandings in healthcare interactions, improve patient compliance, and eliminate healthcare disparities. See Table 16-1 to read the CLAS standards in full.

Communicating with people of diverse backgrounds can be difficult because of barriers that may naturally result from diversity. For example, **stereotypes** are one type of barrier to communicating with people from different cultures. Stereotypes are beliefs and concepts about a specific cultural group of people that are often based on assumptions about that cultural group. Phlebotomists and other healthcare workers should avoid stereotyping individuals and realize that everyone is different, regardless of whether they come from the same



Figure 16-1 Healthcare workers and patients come from a variety of backgrounds.

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TABLE 16-1 National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all healthcare and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

culture or a different one. Although people of the same culture or background can share the same beliefs, many factors affect the way an individual reflects and acts on these beliefs. The following are a few of these factors:

- Place of birth
- Place of upbringing (urban, suburban, rural)
- Current place of residence
- Family history
- Social status
- Economic status
- Education
- Spiritual beliefs
- Superstitions and folklore
- Length of time in the United States
- Level of **acculturation** (changes made by minorities in response to the dominant culture) to mainstream American culture

Avoiding Culture Clashes

When two or more groups from different backgrounds have a long historical relationship with one another, it is often perceived that the only differences among them are physical characteristics. When this assumption is made, communications may fail, causing frustration and even anger in both parties.

For example, suppose a phlebotomist is about to draw blood on an elderly woman who has been a long-time resident in the United States, but was born and raised in South Korea. The phlebotomist assumes that the only difference between them is their ethnicity, and casually touches the patient's shoulder as she asks if the patient has had anything to eat or drink today. The patient immediately becomes offended.

What went wrong, how could this have been prevented, and what should the phlebotomist do?



Think It
Through

These factors influence the way patients view healthcare and their expectations for quality. A general rule of practice is to treat others as we would like to be treated. However, treating every patient the same as you want to be treated is not always appropriate because differences in culture and background may cause differences in expectations of treatment.

During your interactions with patients, they may express their cultural beliefs. If this occurs, refrain from judgment. Some patients may, for example, take offense at being greeted by a person of the opposite sex or by being touched, such as with a handshake. The following practices will help make communications more pleasant for both the phlebotomist and the patient:

- Determine the appropriateness of your communication style. You may need to modify your approach depending on the patient's age, capacity to communicate, or ability to understand your instructions.
- Adapt to patient needs, expectations, and perceptions of various health-care functions. Do not assume that the patient is familiar with blood or other specimen collection procedures.
- Honor the patient's decisions and decision-making process. A patient may wish to refuse a procedure once it is explained.
- Do not dictate to patients about specimen collection procedures but provide them with opportunities to feel in control by asking them their preferences.
- Do not make assumptions about similarities or differences between your background and the patient's.

Healthcare employees who deliver care must be aware of the **multicultural** backgrounds of their patients. However, they should avoid stereotyping on the basis of cultural beliefs. Beliefs and customs that are common among people of a specific culture may or may not be held by all individuals of that culture.

In general, when interacting with patients, be sure to introduce yourself using your title and address the patient by title (Mr., Mrs., etc.) and family name rather than using the patient's first name. Make an attempt to assess the basic communication needs of your patients and speak on a level they can understand, without being condescending. Do not be judgmental when they express cultural beliefs that vary from your own. Each patient is an individual and should not be judged or treated differently because of his or her beliefs.

The following is a list of beliefs you may encounter and some additional practices you should understand while working as a phlebotomist.

- Some people believe in the harmonious relationship of body, mind, and soul with nature. This may cause patients to deny terminal diagnoses and

seek treatments that will restore harmony to the body rather than conventional approaches to healing.

- Some people believe that blood is a person's essence and to have some taken for tests may upset the body's natural balance and cause weakness. This belief can cause patients to feel extreme anxiety over phlebotomy procedures.
- Some people view health not simply as the absence of illness, but rather as a state of physical and emotional well-being.
- Some people view suffering as a blessing from God, whereas others see illness as a punishment from God.
- Certain people prefer to use home remedies, and others wear religious symbols to ward off illness.
- Some people rely more on physician's skills in diagnosis and either view blood collection procedures as unnecessary or perceive them as indicating a very serious illness.
- Some individuals may feel that making eye contact with persons in authority, such as a healthcare worker, is being disrespectful. However, some people feel that not making eye contact, or looking down when speaking indicates that something is being held back.
- In some cases, individuals may expect medical decisions to be made for them rather than by them and can seem to be uncooperative because they are waiting for someone to tell them what to do.
- Communications with individuals of certain cultures may be more successful if the healthcare worker is of the same gender as the patient.
- Individuals of some cultures may have a very strong sense of family and a high appreciation for family support. Patients may desire to have family present during their time in a healthcare facility even though you may feel that this violates HIPAA requirements. The husband may be the one who communicates for his wife, as this is thought to be a sign of caring for her.
- Patients may not ask questions because they highly desire privacy and independence, not wanting to "bother" anyone or have family members worried.
- Some people have a different perspective on the concept of time, which may make scheduling appointments, especially for timed tests, difficult.
- In certain cultures older persons hold higher status and young healthcare practitioners may be viewed as untrustworthy and as having inadequate skills. These patients may ask for an older phlebotomist whom they perceive as being more experienced.
- Being warm and friendly, but not informal, can ease communications with patients who are from cultures where formality is not the norm. However, smiling while they are speaking may be viewed as an expression of disagreement with their opinions. Exercising common social politeness, such as shaking hands and addressing patients by title and family name (Mr. A, Mrs. B, etc.) shows respect and is generally expected.

Communicate & Connect



Directing Communication

When communicating with people who have immigrated to the United States, a trained interpreter may need to be provided for interpretation. Phlebotomists and other healthcare workers should direct their questions, instructions, and communications to the patient, even though someone else is communicating the responses.

A Family Decision

In some cultures, major decisions, including an individual's healthcare, are often handled as a family decision. Other cultures defer to the eldest son for major decisions. In addition, older immigrants sometimes rely on family members belonging to a younger generation to understand the English language and American culture. These situations may pose concerns regarding HIPAA compliance. You must ensure that if anyone other than the patient is involved in decisions concerning medical procedures or test results, they are informed of HIPAA regulations and have signed the required documentation.



Law & Ethics

Cultural diversity also applies to **interprofessional** (people from different professions) communications in an industry. Differences exist among professions within healthcare, and stereotyping of professions can make communications difficult, as it does with multicultural interactions. Misperceptions about each other's scope of practice or approach to patient care may create barriers to effective communication between healthcare workers from different professions. Although healthcare professionals share a medical language, their views about various activities and functions in the delivery of healthcare may vary based on their professional discipline.

A few of the healthcare professionals with whom phlebotomists interact are physicians, nurses, and laboratory, respiratory, and X-ray technicians. A phlebotomist may also serve on multidisciplinary or interprofessional healthcare teams and committees. Phlebotomists must always remember to adjust their communication to each interaction, whether multicultural, interdisciplinary, or both. When encountering an interprofessional situation that you are not sure how to handle, it is best to seek the advice of your supervisor/manager. Use the competency checklist *Patient Communication* at the end of this chapter to review and practice the procedure.

A Question of Practice

Sometimes you may encounter a situation in which you are being asked for information or to perform tasks that are not part of your job description. The healthcare professional making this request may not be aware of your scope of practice.

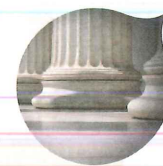
How should you handle this situation?



Think It Through

Social Media

Social media have become popular outlets for frustrations encountered on the job. Be careful how you use this technology when discussing your employer or co-workers. Disparaging comments may lead to disastrous results including a lawsuit and job loss if the entity who is the target of your comments perceives harm in any way.



Law & Ethics



Cell Phone Use

Most facilities have strict policies regarding cell phone and smartphone use. Be aware of the policies in your facility and follow them closely. In some facilities, personal phones may be used for work-related purposes, such as accessing facility guidelines for specific laboratory requirements. Phones are never used to access medical records. Few, if any, facilities allow phones to be used for personal purposes during work hours. Even if this behavior is allowed, the use of cell phones is unprofessional and should be avoided unless absolutely necessary. Taking picture and videos of the medical record, patient, or healthcare providers is not allowed in many facilities and could result in a HIPAA violation.

Checkpoint Questions 16.2

1. What is a stereotype?
2. Name at least three practices that can help improve your communication with patients.
3. What should you do if you feel communications between you and another healthcare professional did not go well?

16.3 Risk Management

An enormous potential for injury exists in healthcare facilities. **Risk management** departments generate policies and procedures to protect patients, employees, and employers from loss and injury. Hospital risk management departments may also develop policies and procedures that protect the institution from **liability** (legal obligation to compensate for loss or damages) and **litigation** (legal action).

Patient Issues

Patients are susceptible to numerous risks when they enter a healthcare facility, from minor falls to the unjustifiable loss of a limb. Venipuncture procedures, if improperly performed, can cause temporary or permanent injury to an extremity.

The Clinical and Laboratory Standards Institute (CLSI) has specific standards that apply to everyone who performs venipuncture. These standards provide guidelines for the accurate and safe performance of phlebotomy procedures. Most injuries resulting from phlebotomy procedures fall under **malpractice** (incorrect treatment of a patient by a healthcare worker) or **negligence** (failure to perform reasonably expected duties to patients). For example, as discussed in the chapter *Patient and Specimen Requirements*, failure to secure the patient's consent for a procedure can result in charges of assault or battery.



Patient-Disclosed Information

Communication with patients must be handled with tact and professionalism. In the event a patient discloses to you any dissatisfaction with a practitioner or another team member, discuss this with the appropriate person so that the problem can be resolved. Do not lead the patient to believe that this disclosed information will be kept confidential because addressing customer concerns is important in limiting litigations.

Patients are considered healthcare consumers. They have a certain level of knowledge and expect a certain level of service to be provided. In the event a patient thinks negligence or malpractice has occurred, the patient is required to prove that such events have taken place. The healthcare facility is not required to prove that malpractice or negligence did not occur. The burden of proof is always the responsibility of the patient or the person filing the complaint.

Preventing Liability Suits

All healthcare personnel must understand and exercise their legal duty to the patient. Phlebotomists must be aware of the standards of care, as well as their boundaries and limitations of practice. Other health team members may attempt to delegate tasks, such as arterial puncture, that go beyond the phlebotomist's level of training and expertise. Attempting procedures that you are not fully trained to perform can lead to poor-quality care and perceived negligence. Never perform any procedures you are not fully trained to perform.

Many healthcare facilities train employees to perform skills they were not formally trained to do in their educational programs. This allows the employee to use these skills within the healthcare facility where they were trained. All persons performing phlebotomy must do so according to the established standard of care to prevent potential litigation.

In addition to performing procedures according to established care standards, phlebotomists must avoid destructive and unethical criticism of other team members. Patients hearing negative comments about other team members may develop negative perceptions about them and the facility before they ever interact with them. Never discuss a former practitioner or another team member involving a negative experience. Allow patients to discuss their concerns, but do not add comments to the discussion that might be construed as an admission of fault.

Proper documentation is another vital link in preventing liability. Remember to properly record results or variances immediately to prevent errors and liability. Documentation serves as a blueprint of the healthcare facility's account of the patient's care and treatment. Good record keeping is often the only account of an event that healthcare facilities can rely on when faced with potential liability. The patient record is also a communication medium used by the health team members when planning and evaluating care. Each member is responsible for properly documenting essential information.

Healthcare Personnel Issues

Exposure to bloodborne pathogens presents a great risk to healthcare employees. Phlebotomists must adhere to CDC and OSHA guidelines. As discussed in the chapter *Infection Control*, the CDC established standard precautions, and OSHA requires use of personal protective equipment (PPE) in potential exposure situations. In addition, OSHA mandates that all healthcare institutions maintain individualized exposure plans. These plans serve not only as a step-by-step guide to be followed in the event of exposure but also as documentation of the event and a recommendation for the course of treatment. All employees at risk of exposure to bloodborne pathogens are to be given, free of charge, the hepatitis B vaccination, according to OSHA guidelines.

Phlebotomists are at risk with every venipuncture procedure; therefore, safety measures must be taken at all times. The phlebotomist must properly apply PPE and dispose of all sharps (such as needles) correctly in the designated biohazard containers.

Another safety issue in the laboratory is the presence of chemicals and substances that are potentially hazardous. A branch of OSHA called the OSHA Hazardous Communication Standard (OSHA HazCom) governs the

identification of chemicals and substances that are potentially hazardous. Remember that phlebotomists may need to handle chemicals, especially when preparing preservative containers for use by patients collecting urine specimens at home. All employees must have access to, and be familiar with Safety Data Sheets (SDS). Phlebotomists must be familiar with all potential hazards to ensure their safety, as well as that of co-workers and patients.

Checkpoint Questions 16.3

1. What is the purpose of a risk management department?
2. List three components that can help prevent liability lawsuits.

16.4 Coping with Stress

Healthcare professionals, including phlebotomists, may experience high levels of **stress** (the body's nonspecific response to change or demands) in their work environment. Stress can result from a feeling of being under pressure, or it can be a reaction to anger, frustration, or a change in your routine. Stress can increase your blood pressure, speed up your breathing and heart rate, and cause muscle tension. Stress can also be a barrier to communication when working. For example, if you are feeling very pressured at work, you might snap at a co-worker or patient, or you might forget to properly label a specimen. To minimize stress—for the sake of your health as well as to prevent errors—it is helpful to understand some basic information about stress.

Preventing Burnout

Burnout is an energy-depleting condition that can affect your health and career. It is the result of prolonged periods of stress without relief. Certain personality types are more prone to burnout. If you are highly driven and perfectionistic, you are more susceptible to burnout. Experts often refer to such a person as having a characteristic type A personality. A more relaxed, calm individual is considered a type B person. Type B personalities are less prone to burnout but have the potential to suffer from it, especially if they work in healthcare.

The burnout process has five phases. These five phases, according to Lyle Miller and Alma Dell Smith in the book *The Stress Solution*, are summarized here:

1. *The Honeymoon Phase.* During the honeymoon phase, your job is wonderful. You have boundless energy and enthusiasm, and all things seem possible. You love the job and the job loves you. You believe it will satisfy all your needs and desires and solve all your problems. You are delighted with your job, your co-workers, and the organization.
2. *The Awakening Phase.* The honeymoon wanes and the awakening stage starts with the realization that your initial expectations were unrealistic. The job isn't working out the way you thought it would. It doesn't satisfy all your needs, your co-workers and the organization are less than perfect, and rewards and recognition are scarce. As disillusionment and disappointment grow, you become confused. Something is wrong, but you can't quite put your finger on it. Typically, you work harder to make your dreams come true. But working harder doesn't change anything and you become increasingly tired, bored, and frustrated. You question your competence and ability and start losing your self-confidence.
3. *The Brownout Phase.* As brownout begins, your early enthusiasm and energy give way to chronic fatigue and irritability. Your eating and

sleeping patterns change, and you indulge in escapist behaviors, such as partying, overeating, recreational drugs, alcoholism, and binge shopping. You become indecisive and your productivity drops. Your work deteriorates. Co-workers and managers may comment on it. Unless interrupted, brownout slides into later stages. You become increasingly frustrated and angry and project the blame for your difficulties onto others. You are cynical, detached, and openly critical of the organization, superiors, and co-workers. You are beset with depression, anxiety, and physical illness.

4. *The Full-Scale Burnout Phase.* Unless you wake up and interrupt the process or someone intervenes, brownout drifts remorselessly into full-scale burnout. Despair is the dominant feature of this final stage. It may take several months to get to this phase, but in most cases it takes 3 to 4 years. You experience an overwhelming sense of failure and a devastating loss of self-esteem and self-confidence. You become depressed and feel lonely and empty. Life seems pointless, and there is a paralyzing “what’s the use” pessimism about the future. You talk about “just quitting and getting away.” You are exhausted physically and mentally. Physical and mental breakdowns are likely. Suicide, stroke, or heart attack is not unusual as you complete the final stage of what all started with such high hopes, energy, optimism, and enthusiasm.
5. *The Phoenix Phenomenon.* You can arise from the ashes of burnout (like a phoenix), but it takes time. First, you need to rest and relax. Don’t take work home. If you’re like many people, the work won’t get done and you’ll only feel guilty for being “lazy.” Second, be realistic in your job expectations as well as your aspirations and goals. Whomever you’re talking to about your feelings can help you, but be careful. Your readjusted aspirations and goals must be yours, not those of someone else. Trying to be and do what someone else wants you to be or do is a surefire recipe for continued frustration and burnout. Third, create balance in your life. Invest more of yourself in family and other personal relationships, social activities, and hobbies. Spread yourself out so that your job doesn’t have such an overpowering influence on your self-esteem and self-confidence.

Types and Causes of Stress

A certain amount of stress is normal. A little bit of stress—the kind that makes you feel excited or challenged by the task at hand—can motivate you to get things done and push you toward a higher level of productivity. For example, your manager may ask you to learn a new procedure. Learning something new, although in itself stressful, can be an exciting challenge and a welcome change of pace. This is considered “good” stress known as eustress. Ongoing stress, however, can be overwhelming and affect you physically. This is considered “bad” stress.

Bad stress can lower your resistance to colds and other infections and increase your risk of developing heart disease, diabetes, high blood pressure, ulcers, allergies, asthma, colitis, and cancer. It can also increase your risk for certain autoimmune diseases, which cause the body’s immune system to attack normal tissue. Some people develop anxiety disorders or have panic attacks when repeatedly under stress (see Figure 16-2).



Figure 16-2 Stress is expressed differently by each person.
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Stress is not the same for everyone. What is perceived as bad stress by one person may be normal for another. It is important to understand what causes you stress. The following are some potential causes of stress:

- Children leaving or returning home
- Death of a spouse or family member
- Divorce or separation
- Having a new baby
- Hospitalization (yours or a family member's)
- Marriage or reconciliation from a separation
- Moving or remodeling your home
- Sexual problems
- Significant change in your financial status (for better or worse)
- Significant personal success (public recognition)
- Substantial debt, such as a mortgage or overspending on credit cards due to injury or illness
- Trips or vacations (planning as well as taking)

Work-related causes of stress include the following:

- Job change
- Learning new job tasks
- Loss of a job or retirement
- Observation for evaluation by a supervisor or inspector
- Restructuring of the organization, such as your boss's retiring, that may put your job at risk
- Success at work, such as a promotion

Once you recognize the cause of your stress, it is easier for you to manage it.

Managing Stress

Some stress at work is inevitable, so an important goal is to learn how to manage or reduce it. Take into account your strengths and limitations, and be realistic about how much you can handle at work and in your life outside work. Pushing yourself a certain amount can be motivating. Pushing yourself too much is dangerous. Consider using the following tips for reducing stress to improve your health and work performance. Remember, you will need to determine what works for you.

- Allow time for yourself and plan time to relax.
- Avoid foods high in caffeine, salt, sugar, and fat.
- Be organized. Good planning can help you manage your workload.
- Change some of the things you have control over.
- Do something for fun, such as seeing a funny movie.
- Eat balanced, nutritious meals and healthful snacks.
- Exercise regularly.
- Get enough sleep.
- Get professional massages to help relieve mental stress as well as physical tension (see Figure 16-3).
- Identify sources of conflict and try to resolve them.
- Keep yourself focused. Focus your full energy on one thing at a time and finish one project before starting another.



Figure 16-3 Professional massage therapy can help reduce the effects of stress.
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- Learn and use relaxation techniques, such as deep breathing, meditation, or imagining yourself in a quiet, peaceful place.
- Maintain a healthy balance in your life among work, family, and leisure activities.
- Maintain a healthy sense of humor. Laughter can help relieve stress. Joke with friends after work.
- Redirect excess energy constructively—clean your closet, work in the garden, do volunteer work, have friends over for dinner, and exercise.
- Rely on the support that family, friends, and co-workers have to offer. Don't be afraid to share your feelings.
- Seek help from social or professional support groups, if necessary.
- Try not to overreact. Ask yourself if a situation is really worth getting upset or worried about.
- Try to be realistic about what you can and cannot do. Do not be afraid to admit that you cannot take on another responsibility.
- Try to set realistic goals for yourself. Remember that there are always choices, even when there appear to be none.

1. What are the five phases of the burnout process?
2. What are the differences between good stress and bad stress?



Checkpoint Questions 16.4

16.5 Professional Community

Work Experience Requirements

Phlebotomy positions are plentiful in many areas of the United States. According to the U.S. Department of Labor, phlebotomists are in great need, with an expected job growth rate of 9% from 2019 to 2029. Of course, the more on-the-job experience you acquire, the more marketable you will be as a phlebotomist. In addition, experiences such as being active within your professional community will help you advance in your phlebotomy career. Professional communities are composed of new and seasoned members of a given discipline—in this case, phlebotomists.

The professional community also includes professional organizations or societies. Professional societies, such as the American Society for Clinical Laboratory Science (ASCLS), offer opportunities for professional development, outlets for leadership advancement, continuing education, networking, and benefits such as personal and professional insurance policies. Professional development (growing into a profession) includes training and education that helps you enter your chosen profession, maintain your credential, and/or advance to another career (such as the phlebotomist to MLT to MLS career track). Obtaining and maintaining a credential, such as a certification, registration, or licensure, is usually expected of professional community members.

Certification, Registration, and Licensure

Certification, in general, consists of a two-part process: the successful completion of defined academic and training requirements as well as the validation of these studies through a national examination. In any profession, mastering certification requirements ensures an individual's ability to perform the

program's competencies. Passing a national examination affords the right to a title and professional credentials.

Although not all employers make certification mandatory for employment as a phlebotomist, it is often required for career advancement. Holding certification in phlebotomy identifies that you possess a certain level of competence and understand the standards of your profession. Certification is granted by a nongovernmental agency and usually requires examination by a testing board. Agencies responsible for providing phlebotomy certification are listed in Table 16-2. Each agency sets standards for the number and type of actual "sticks" a candidate must perform before he or she can become certified. For example, for the National Healthcareer Association's certification, a student must have a minimum of 30 successful venipunctures and 10 successful dermal (capillary) sticks. These venipunctures and dermal (capillary) sticks must be performed on live individuals.

Although some phlebotomy certification agencies also accredit phlebotomy programs, many of these agencies follow the requirements of the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). The required training that NAACLS-approved phlebotomy programs must provide includes at least 40 hours of classroom exposure and a minimum of 100 hours of applied

TABLE 16-2 Phlebotomy Organizations and Certification Agencies

| Agency | Address | Phone | Fax | Website |
|---|--|------------------------------|--------------|----------------------------|
| American Academy of Phlebotomy Technicians (AAPT) | 6609 Reisterstown Rd., Suite 208, Baltimore, MD 21215 | 410-347-1433 | | www.aapt.net |
| American Certification Agency (ACA) | P.O. Box 58, Osceola, IN 46561 | 574-254-1307 | 574-254-1307 | www.acacert.com |
| American Medical Technologists (AMT) | 10700 W. Higgins Rd., Suite 150, Rosemont, IL 60018 | 847-823-5169 | 847-823-0458 | www.americanmedtech.org |
| American Society of Clinical Laboratory Science | 1861 International Drive, Suite 200 McLean, VA 22102 | 571-748-3770 | | www.ascls.org |
| American Society for Clinical Pathology (ASCP) | 33 W. Monroe St., Suite 1600, Chicago, IL 60603 | 312-541-4886 or 800-267-2727 | 312-541-4472 | www.ascp.org |
| American Society of Phlebotomy Technicians (ASPT) | P.O. Box 1831, Hickory, NC 28603 | 828-327-3000 | 828-327-2969 | www.aspt.org |
| National Center for Competency Testing (NCCT) | 7007 College Blvd., Suite 385, Overland Park, KS 66211 | 800-875-4404 | 913-498-1243 | www.ncctinc.com |
| National Healthcareer Association (NHA) | 11161 Overbrook Rd. Leawood, KS 66211 | 800-499-9092 | 913-661-6291 | www.nhanow.com |
| National Phlebotomy Association (NPA) | 1901 Brightseat Rd. Landover, MD 20785 | 301-386-4200 | 301-386-4203 | www.nationalphlebotomy.org |
| National Phlebotomy Credentialing Excellence (NPCE) | 1399 New York Ave. NW Washington, DC 20005 2450 Hollywood Blvd. #3038 Hollywood, FL 33020 | 888 240 8440 | | www.npce.org |

TABLE 16-3 Phlebotomy Certification Agencies' Requirements

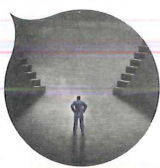
| Agency | Didactic Training Requirement | Clinical Training Requirement |
|--|---|---|
| American Academy of Phlebotomy Technicians (AAPT) (certifying agency) | AAPT Path 1: high school graduate (or equivalent) <i>and</i> graduate of AAPT-approved program | AAPT Path 2: high school graduate (or equivalent) <i>and</i> one year of full-time employment (2,080 hours) or equivalent part-time employment as a phlebotomy technician |
| American Certification Agency (ACA) (certifying agency) | ACA: completion of a formal program that includes phlebotomy | ACA: 100 clinical hours with at least 100 successful venipunctures and 10 skin punctures |
| American Medical Technologists (AMT) (certifying agency) | AMT: minimum of 120 hours of didactic instruction | AMT: clinical training requires 1040 hours of experience |
| American Society for Clinical Pathology (ASCP) | ASCP Route 1: high school graduation (or equivalent) <i>and</i> completion of a NAACLS-approved phlebotomy program with at least 40 hours of classroom or a phlebotomy program approved by the California Department of Public Health | Completion of a NAACLS-approved phlebotomy program with a minimum of 100 hours of applied experiences to include no less than 100 blood collections |
| American Society of Phlebotomy Technicians (ASPT) (certifying agency) | ASPT: successful completion of an accredited phlebotomy training program; current ASPT membership | 100 documented successful venipunctures and 5 documented skin punctures |
| Laboratory Field Services branch of the California Department of Public Health (approves programs and recognizes these phlebotomy exams: ACA, AMT, ASCP, NCCT, NCA, and NHA) | | California requires 50 venipunctures and 10 dermal (capillary) draws; 40 hours of practicum |
| National Center for Competency Testing (NCCT) (certifying agency) | High school graduation (or equivalent), and completion of NCCT approved course | NCCT: 2080 hours of experience with documentation |
| National Healthcareer Association (NHA) (certifying agency) | NHA: high school diploma and successful completion of an NHA-approved training program | NHA requires 30 successful venipunctures and 10 successful dermal (capillary) sticks |
| Phlebotomy Association (NPA) (accrediting body and certifying agency) | NPA: at least 160 contact hours of lecture and a minimum of 220 hours of practical experience with either mannequins or clinical practicum or a combination | |

experience, with no less than 100 blood collections. It is the educational institution's duty to ensure that phlebotomy technician students learn all competencies set forth by the certifying agency. In addition, program officials must prove that the training they provide meets the requirements of their state's regulatory body. For instance, as shown in Table 16-3, the State of California has its own requirements. Evidence of practice and completion must be clearly documented for each student. Students must practice and complete all required skills and then be evaluated by an instructor who is proficient at these skills. A passing grade must be accomplished on each competency. Procedure or competency sheets are used to document that the student has demonstrated competence in each skill.

Registration is different from certification. Registration means that you are on a list maintained by a nongovernmental agency or association. For example, the ASCP keeps a registry of all the individuals who have been certified by the BOR. A professional group may choose to identify themselves as either

certified or registered. For example, nurses who hold a certification at a particular level of practice identify themselves as registered nurses (RNs). Facilities may check a prospective employee's credentials by calling the agency that provides the credential.

Think It Through



Certification with a Small C

When attending a seminar or a course, participants are often awarded a certificate to document their attendance at the event. This type of certification is not the same as having a credential that states you are “certified” in a particular profession. Someone attending a one-day course in phlebotomy who receives a certificate of completion or attendance is not as qualified as a phlebotomist who has completed an accredited course of study and passed a national certification examination.

Suppose that you are attending a family reunion, and your sister proudly exclaims that you are now a certified phlebotomist; you took a seminar just last week! How would you handle this situation?

Law & Ethics



Certification Required

Employers of healthcare professionals, such as phlebotomists, must demonstrate employee competence to their accrediting agencies. An employer who hires uncertified workers is at risk for a lawsuit if these workers make errors. Hiring a phlebotomist without certification may become a liability to the employer.

Licensure is a process similar to certification, but it is enforced by a governmental agency that grants permission to people meeting predetermined qualifications that are set in place by state or local laws. Certification is voluntary, whereas licensure is mandatory. A license to practice a specific trade is attained after a person who completes the requirements for education and experience in that trade successfully meets the qualifications of the governmental agency. Sometimes licensing agencies use licensing examinations, or passing a national certification examination, as the basis for awarding a licensure. Currently, phlebotomists are not licensed in the United States, but California does require specific California certification. To find out the specific licensure requirements in your state, contact the state public health department.

Continuing Education

In addition to certification, participation in **continuing education** (education after professional training) assists in establishing a professional public image. Most certifying agencies have specific guidelines regarding how much and what kind of continuing education are required to maintain certification. Some employers also require documentation of continuing education in order to remain employed or to receive pay increases. A number of employers also keep records, such as the one shown in Figure 16-4, for each employee and these help demonstrate continuing educational and professional involvement. You may want to keep a similar document for your own records or portfolio. However, more importantly, as a professional phlebotomist, continuing education is a lifelong process necessary to stay current in your field. The desire to learn more about the work of a phlebotomist and how it impacts patients is part of the nature of a dedicated, caring, and competent healthcare professional.

Continuing Education Record

A Name _____ Position _____ Time Period _____
 Facility _____ Dept/Unit _____
 Professional Organization Memberships (List Expiration Date)

B

| | Attended | Expiration |
|-------------------------|----------|------------|
| CPR | | |
| Yearly Safety Review .. | | |
| OSHA | | |
| Competency Validation | | |
| Age Related Competency | | |
| Other | | |

C

| Dept/Unit Meeting Attendance | | | |
|------------------------------|------|------|-----|
| Jan | Apr | July | Oct |
| Feb | May | Aug | Nov |
| Mar | June | Sept | Dec |

D

| Inservices / Seminars Attended | | | | |
|--------------------------------|---------------|------|---------|----------|
| Date | Program Title | CEUs | Sponsor | Location |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

E _____

 Hospital Committee Memberships

F _____

G _____

 Inservices Presented/Dept/Unit Projects

Figure 16-4 An employee's continuing education record may display (A) employee information, (B) required annual competency assessment, (C) attendance at department meetings, (D) a record of internally and externally obtained continuing education, (E) membership in professional organizations, (F) participation on various facility committees, and (G) inservices or training presented by the employee.

Continuing education can be obtained in a variety of ways. Certifying agencies (such as ASCP and NPA) and professional societies (such as ASCLS and NPA) provide opportunities to attend workshops and seminars (see Figure 16-5). The Center for Phlebotomy Education also provides continuing education. In addition, manufacturers of phlebotomy and medical laboratory equipment often hold seminars, webinars, and workshops. Phlebotomists can also use the Internet to subscribe to learning modules or online tutorials provided by other continuing education providers (such as MediaLab). Online modules can be completed, scored, and sent to your certifying agency directly from your computer. Staff development programs are available at many healthcare facilities that provide additional continuing education opportunities. Staying current through education and membership in professional organizations is one way to strive for professional development.

Professional Development

Professional development refers to skills and knowledge attained for both personal development and career advancement. During training, students should strive to improve their knowledge and skills. Appropriate training helps with transitioning into



Figure 16-5 Participation in continuing education events provides healthcare workers the opportunity to stay current in their areas of specialty.

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a job situation. Valuable knowledge and skills can be gained through volunteering prior to or in addition to clinical training, also called an **externship**, internship, or rotations.

During training and in the workplace, phlebotomists must understand and work within their **scope of practice** (permitted procedures and processes).

Volunteer Programs

Volunteering (working without payment on behalf of others or a particular cause) is a rewarding experience. Even before beginning phlebotomy training, students can gain experience in a healthcare profession through volunteer work. Volunteers experience hands-on training and learn what it is like to assist patients who are ill, disabled, or frightened. Students may volunteer as an aide in a hospital, clinic, nursing home, or doctor's office or as a typist or filing clerk in a medical office or medical record room. These experiences may help students decide on a career as a phlebotomist or other healthcare professional. The American Red Cross also offers volunteer opportunities with its disaster relief programs locally, statewide, nationally, and abroad. As part of a disaster relief team at the site of a hurricane, tornado, storm, flood, earthquake, or fire, volunteers learn first-aid and emergency triage skills.

Red Cross volunteers gain valuable work experience that may help them obtain a job. Because volunteers are not paid, it is usually easy to find work opportunities. Just because you are not paid for volunteer work, however, does not mean the experience is not useful or meaningful for meeting your career goals. So be sure to include information about any volunteer work on your **résumé** (a document that summarizes your employment and educational history). Also, make sure to note specific duties, responsibilities, and skills you developed during the volunteer experience.

Continued Training

After becoming a phlebotomist, opportunities to advance your career are vast. For example, you may obtain further training to become a donor phlebotomist (a phlebotomist who can collect units of blood from donors for the blood bank), for which certification is also available. Some phlebotomists may want to become **multiskilled** or **cross-trained** (trained in more than one job function). Many hospitals and healthcare practices are embracing the idea of a multiskilled healthcare professional.

Phlebotomy is also a good foundational skill for many other healthcare professions. There are two basic pathways for advancement: patient care or medical laboratory.

A phlebotomist who prefers patient contact may train to become a medical assistant. Advancement along this path can proceed from medical assisting to the nursing field, or phlebotomists may go directly into nursing and travel up the nursing ladder from licensed practical nurse (LPN) to registered nurse (RN) with either an associate's or a bachelor's degree.

Phlebotomists who decide to further their careers within the medical laboratory can follow the ladder of career progression from phlebotomy (PBT), to medical laboratory assistant (MLA), medical laboratory technician (MLT) with an associate's degree, and medical laboratory scientist (MLS) with a bachelor's degree or higher. Higher aspirations include laboratory management or pathologist's assistant (PA), and even specializing in pathology after completing medical school.

Phlebotomists may also advance into education. Teaching students who want to become phlebotomists can be very rewarding as you see them acquire skills and gain confidence. Some certifying agencies offer certification as a

TABLE 16-4 Advanced Certification for Phlebotomists

| Agency | Advanced Certification Offered |
|---|--|
| American Academy of Phlebotomy Technicians (AAPT) | Phlebotomy Instructor |
| American Certification Agency (ACA) | Phlebotomy Instructor EKG Technician Patient Care Technician |
| American Medical Technologists (AMT) | Phlebotomy Instructor |
| American Society for Clinical Pathology (ASCP) | Donor Phlebotomy Point-of-Care Testing |
| American Society of Phlebotomy Technicians (ASPT) | Donor Phlebotomy Point-of-Care Testing Arterial Blood Gases Drugs |
| National Center for Competency Testing (NCCT) | Post-Secondary Instructor Donor Phlebotomy ECG Technician |
| National Healthcareer Association (NHA) | Phlebotomy Instructor |
| National Phlebotomy Association (NPA) | Phlebotomy Instructor |


phlebotomy instructor. Table 16-4 lists agencies that offer phlebotomy instructor certification as well as those agencies offering other types of advanced certification for which phlebotomists may be qualified after additional training.

Networking

Networking is the process of building alliances, socially and professionally. It starts long before your job search. It involves making contacts with relatives, friends, and acquaintances that may have information about how to find a job in your field. People in your network may be able to give you job leads or tell you about openings. By attending professional association meetings, conferences, or continuing education conferences, you can generate opportunities for employment as well as personal and professional growth.

Word-of-mouth referrals (finding job information by talking with other people) can be very helpful. Other people may be able to introduce you to or know people who work in your field. Networking is a valuable tool for advancing your career. Joining and being an active member of a professional society, such as the National Phlebotomy Association or American Society for Clinical Laboratory Science, is the easiest way to network. Attend local chapter meetings and talk with as many people as possible. Classmates are often also a good source of networking. It is important to build lasting friendships with classmates and keep in touch after graduation. Often, classmates will know of positions as they gain employment. Networking begins in the classroom and with friends and family.

1. Briefly describe the differences between certification, registration, and licensure.
2. Why is it important to participate in continuing education?

 **Checkpoint
Questions 16.5**

Chapter Summary

| Learning Outcome | Key Concepts/Examples | Related NAACLS Competency |
|--|--|---------------------------|
| 16.1 Model professional behavior and appearance. | Professionalism is demonstrated by the use of hard skills (job proficiency) and soft skills (personal characteristics and behavior). | 9.7 |
| 16.2 Summarize healthcare diversity and competent professional communications. | <ul style="list-style-type: none"> Respect for diversity in the workplace includes interacting appropriately and professionally in multicultural as well as interdisciplinary situations. Phlebotomists must be aware of the potential for violation of patients' rights under HIPAA when involving family members in the patient's decision-making process. | 9.1, 9.2, 9.3, 9.4 |
| 16.3 Discuss risk management and policies and protocol designed to avoid medicolegal problems. | Risk management policies and protocols are designed to avoid medicolegal complications and protect the employer, employee, patients, and visitors. | 9.9 |
| 16.4 List the causes of stress in the workplace and discuss the coping skills used to deal with workplace stress. | Stress in the work environment is experienced and managed differently by each person. If stress is not kept under control, employees may experience burnout. | 9.10 |
| 16.5 Recognize the different elements of the professional community of the phlebotomist. | <ul style="list-style-type: none"> The professional community provides a means of support and professional growth for the phlebotomist. Opportunities exist for networking, continuing education, and career advancement. | 9.4 |

Chapter Review

A: Labeling

Explain what is recorded in each numbered area of this continuing education document.

Continuing Education Record

1 Name _____ Position _____ Time Period _____
 Facility _____ Dept/Unit _____
 Professional Organization Memberships (List Expiration Date) _____

2 CPR Attended Expiration _____
 Yearly Safety Review ..
 OSHA
 Competency Validation
 Age Related Competency
 Other

 Hospital Committee Memberships _____

3 Dept/Unit Meeting Attendance

| | | | |
|-----|------|------|-----|
| Jan | Apr | July | Oct |
| Feb | May | Aug | Nov |
| Mar | June | Sept | Dec |

 Inservices Presented/Dept/Unit Projects _____

Inservices / Seminars Attended

4

| Date | Program Title | CEUs | Sponsor | Location |
|------|---------------|------|---------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. [LO 16.5] _____
2. [LO 16.5] _____
3. [LO 16.5] _____
4. [LO 16.5] _____
5. [LO 16.5] _____
6. [LO 16.5] _____
7. [LO 16.5] _____

B: Matching

Match each term with its definition.

- | | |
|--|--|
| ___ 8. [LO 16.1] attributes | a. depletion of energy after prolonged stress |
| ___ 9. [LO 16.4] burnout | b. enforced by a governmental agency |
| ___ 10. [LO 16.5] continuing education | c. ethnic, religious, or socioeconomic background |
| ___ 11. [LO 16.2] culture | d. failure to perform reasonably expected duties to patients |
| ___ 12. [LO 16.2] diversity | e. incorrect treatment of a patient by a healthcare worker |
| ___ 13. [LO 16.2] interprofessional | f. many different cultures |
| ___ 14. [LO 16.5] licensure | g. member of a vocation requiring specialized education |
| ___ 15. [LO 16.3] malpractice | h. nonspecific response to change |
| ___ 16. [LO 16.2] multicultural | i. placement on a list of a professional organization |
| ___ 17. [LO 16.5] multiskilled | j. post-professional training |
| ___ 18. [LO 16.3] negligence | k. protecting patients and employees from loss or injury |
| ___ 19. [LO 16.1] professional | l. qualities that define a person |
| ___ 20. [LO 16.5] registration | m. several different types of occupations |
| ___ 21. [LO 16.3] risk management | n. trained in more than one job function |
| ___ 22. [LO 16.4] stress | o. variations of a category |

C: Fill in the Blank

Write in the word(s) to complete the statement.

23. [LO 16.2] The process of making changes to the beliefs and behavior of a minority group in response to the dominant culture is _____.
24. [LO 16.5] _____ is a process that ensures successful completion of defined academic and training requirements.
25. [LO 16.5] Training that phlebotomists receive in a clinical setting to become proficient is the _____.
26. [LO 16.1] Specific technical and operational proficiencies are part of a person's _____ skills.
27. [LO 16.1] _____ skills are a person's attributes or behaviors that enhance his or her interactions with others.
28. [LO 16.2] A(n) _____ is a commonly held belief about a specific group of people.
29. [LO 16.5] Building social and professional alliances is the purpose of _____.
30. [LO 16.5] _____ A(n) is a document that summarizes your employment and educational history.

D: Sequencing

Place the phases of burnout in the order in which they typically happen (from 1 to 5).

31. [LO 16.4] _____ Awakening Phase
32. [LO 16.4] _____ Brownout Phase
33. [LO 16.4] _____ Full-Scale Burnout Phase
34. [LO 16.4] _____ Honeymoon Phase
35. [LO 16.4] _____ Phoenix Phenomenon

E: Case Studies/Critical Thinking

36. [LO 16.1] A phlebotomy supervisor received a complaint from a patient that the phlebotomist who collected her specimen never said a word after the initial identification process. Though the procedure went smoothly, the patient felt ignored. Explain what type of skills would be helpful while communicating with patients and how to use these skills.
37. [LO 16.2] While collecting specimens from a female patient, the phlebotomist realizes that the patient's husband insists on doing all the communicating. What may be the reason for this behavior, and how should the phlebotomist proceed?
38. [LO 16.3] A phlebotomist is asked to collect a venipuncture specimen from a patient whose specimen could not be obtained by another phlebotomist. What are the possible consequences for the employer if the phlebotomist performing the re-collection shares negative opinions about her co-worker with the patient?
39. [LO 16.4] During an exceptionally busy time at work, a co-worker begins to show signs of burnout. What self-care activities might you suggest to your co-worker to help her cope?
40. [LO 16.5] A student is interested in a career in healthcare but realizes that he does not know much about professions other than doctors and nurses. How might working as a volunteer at a local hospital assist this student with a career path choice?

F: Exam Prep

Choose the best answer for each question.

41. [LO 16.1] Professionalism (*Choose all that apply.*)
 - a. is the same for every profession.
 - b. is model behavior for a specific line of work.
 - c. is a trait everyone is born with.
 - d. consists of hard and soft skills.
42. [LO 16.1] Hard skills (*Choose all that apply.*)
 - a. require special training.
 - b. are specific job skills.
 - c. are behavior based.
 - d. reflect attitudes.
43. [LO 16.2] Diversity refers to (*Choose all that apply.*)
 - a. human cultural characteristics.
 - b. various types of plants and animals.
 - c. differences among industries.
 - d. the variety of healthcare jobs.
44. [LO 16.2] The term *culture* refers to (*Choose all that apply.*)
 - a. ethnicity.
 - b. religious belief systems.
 - c. differences in hair color.
 - d. socioeconomic background.

45. [LO 16.2] Factors that influence individual beliefs include (*Choose all that apply.*)
 - a. family history.
 - b. level of acculturation.
 - c. place of upbringing.
 - d. physical traits (such as eye and hair color).
46. [LO 16.2] Communication among people from different cultures is best when
 - a. assumptions are made that the only differences are physical characteristics.
 - b. people treat each other as they want to be treated.
 - c. people understand that expectations might vary due to cultural differences.
 - d. people base their communication style on perceived stereotypes.
47. [LO 16.2] When communicating with patients from cultures other than their own, phlebotomists should (*Choose all that apply.*)
 - a. treat everyone the same.
 - b. adapt to each patient's needs.
 - c. base their approach on stereotypes.
 - d. not dictate; rather, they should provide choices.
48. [LO 16.2] Some people feel that they are being disrespectful if they
 - a. answer questions using an interpreter.
 - b. ask for clarification of a procedure.
 - c. make direct eye contact with healthcare personnel.
 - d. provide healthcare personnel with name and identification when asked.
49. [LO 16.2] Social customs that may not be observed by all cultures include (*Choose all that apply.*)
 - a. making eye contact while speaking.
 - b. being on time for scheduled appointments.
 - c. using titles and family names.
 - d. being physically close when speaking.
50. [LO 16.3] In a malpractice lawsuit, the burden of proof is on the
 - a. employee.
 - b. employer.
 - c. lawyer.
 - d. patient.
51. [LO 16.3] Actions that will help prevent liability include (*Choose all that apply.*)
 - a. making negative comments about the phlebotomist who left a bruise on a patient's arm.
 - b. agreeing with the patient that a procedure seems unnecessary.
 - c. holding all patient complaints in confidence and not disclosing this information to supervisors.
 - d. documenting any variances in the delivery of quality healthcare.
52. [LO 16.4] Stress is caused by (*Choose all that apply.*)
 - a. a feeling of being under pressure.
 - b. a reaction to anger expressed by a patient.
 - c. frustration at work or at home.
 - d. a change from the daily routine.
53. [LO 16.4] The Awakening Phase of burnout produces (*Choose all that apply.*)
 - a. feelings of enthusiasm.
 - b. realization of unrealistic expectations.
 - c. satisfaction with a job.
 - d. confusion and boredom.
54. [LO 16.4] When feeling stressed at work, which of the following snacks would *best* help you cope with the stress level?
 - a. Cup of coffee
 - b. Bag of potato chips
 - c. Chocolate candy bar
 - d. Fresh fruit
55. [LO 16.5] Certification usually indicates that a phlebotomist has (*Choose all that apply.*)
 - a. successfully completed a weekend short course.
 - b. passed a nationally recognized examination.
 - c. paid the fees required by the state in which they lives.
 - d. fulfilled the requirements of a structured program.
56. [LO 16.5] Education that occurs after a healthcare professional's initial certification training is called
 - a. career education.
 - b. continuing education.
 - c. degreed education.
 - d. supplemental education.

57. [LO 16.5] The career path a phlebotomist may take in the area of nursing includes all of these *except*

- a. MA.
- b. CNA.
- c. RN.
- d. MLS.

58. [LO 16.5] Networking involves making contacts with (*Choose all that apply.*)

- a. relatives and friends.
- b. classmates and co-workers.
- c. acquaintances within professional organizations.
- d. acquaintances at other healthcare institutions.



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NAME: _____ DATE: _____

COMPETENCY CHECKLIST: PATIENT COMMUNICATION

| Procedure Steps | Practice | | | Performed | | Master |
|--|----------|---|---|-----------|----|--------|
| | 1 | 2 | 3 | Yes | No | |
| Preprocedure | | | | | | |
| 1. Identifies the patient with a smile. | | | | | | |
| 2. Introduces self and explains procedure. | | | | | | |
| Procedure | | | | | | |
| 3. Identifies sources of anxiety, anger, or lack of understanding. | | | | | | |
| 4. Remains calm and demonstrates respect to patient throughout interaction. | | | | | | |
| 5. Listens attentively using active listening skills, and keeps an open mind. | | | | | | |
| 6. Uses positive verbal and nonverbal communication. | | | | | | |
| 7. Obtains assistance through interpreter if needed. | | | | | | |
| 8. Leaves room if feels threatened or patient becomes violent. | | | | | | |
| 9. Notifies supervisor or other staff if assistance is needed. | | | | | | |
| Postprocedure | | | | | | |
| 10. Completes the specimen collection or notifies supervisor of patient refusal. | | | | | | |
| 11. Documents the results. | | | | | | |

COMMENTS: _____

SIGNED

EVALUATOR: _____

STUDENT: _____