

Introduction

Early-phase clinical trials require reliable venous access for repeated blood sampling to monitor drug levels¹. However, repeated cannulation can increase the risk of vascular complications². Ultrasound training supports safe, consistent, best-practice vascular access. Effective implementation requires structured training and strong clinical governance.

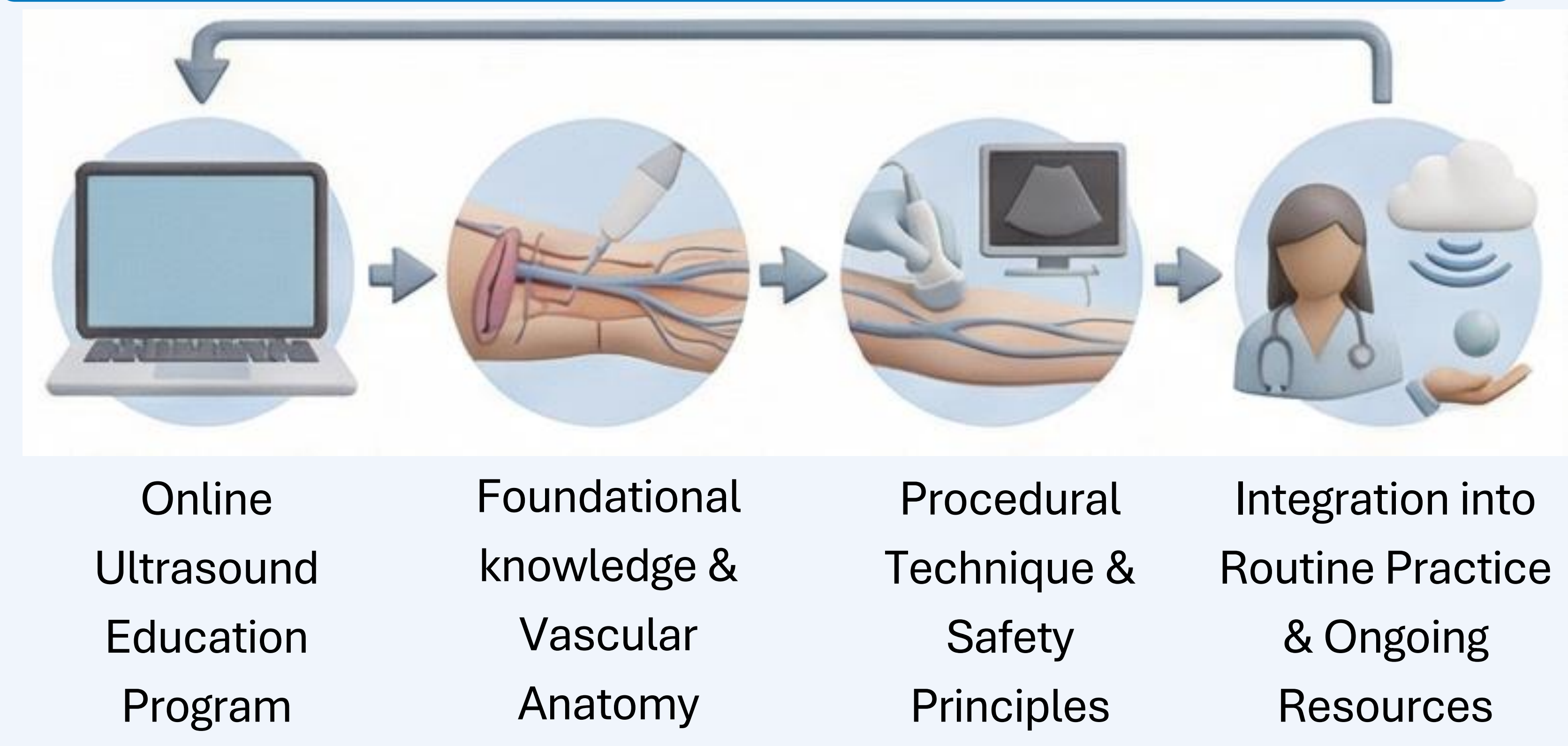
Hypothesis

Hypothesis: An ultrasound education program will improve clinician confidence and consistency in ultrasound-guided venous access.

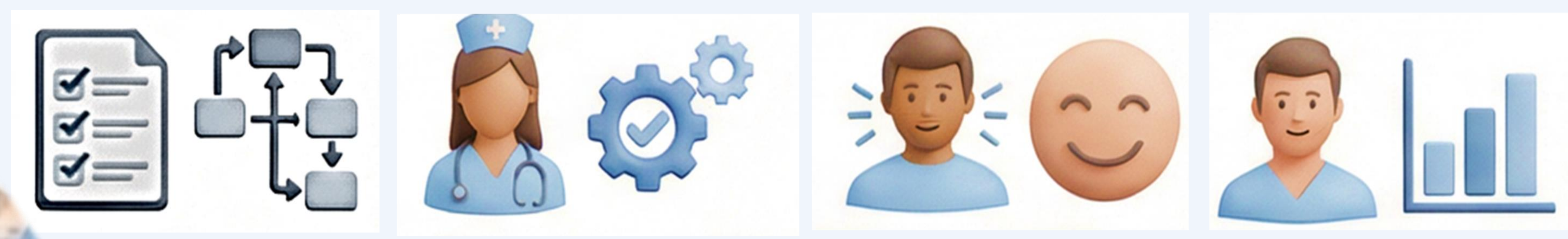
Aim

Aim: To embed ultrasound education within a structured workforce capability framework.

Methodology



Expected outcomes



1. Enhance
procedural
standardisation

2. Success rate
improvement

3. Improve
participant
experience

4. Reduce
venous access
complications

Conclusion

Education delivered at scale will enable clinical staff to develop a shared baseline competency and support consistent application of ultrasound guided techniques across the service.

References

1.

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2.

Marsh, N., Larsen, E. N., Takashima, M., Kleidon, T., Keogh, S., Ullman, A. J., Mihala, G., Chopra, V., & Rickard, C. M. (2021). <https://doi.org/10.1016/j.ijnurstu.2021.104095>.

