





# Set Employees on the Right Path with Effective Training

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### LEARNING OBJECTIVES

1. List the components of an effective education program
2. Recognize and manage informal training
3. Establish competency-based education

The IAHCSSM *Central Service Leadership Manual* defines training as “the process for developing the knowledge, skills, and attitudes necessary for staff members to perform required job tasks.” Why the focus on orientation and training? To improve quality, increase customer satisfaction, and promote safety and quality patient care.

### Objective 1: List the Components of an Effective Education Program

Poor employee performance leads to costly procedure delays and lapses in safety protocols that can cause injuries. Training gives employees the knowledge to perform tasks safely and correctly. Gone are the days when new employees learned by imitation based solely on observation and verbal instructions from another employee—a method that left new employees with many questions the trainer couldn’t answer.

Training requires a thoughtful approach using existing tools in the leaderships toolbox to analyze the situation, activate a plan and audit the outcomes. Training prepares the new technician for the complexities, regulations and safety considerations

of the department and its tasks, and it doesn’t stop there. Effective programs continue training throughout the career of the employee, engaging both new and seasoned technicians to become active participants in the process as well as effective educators for those who join later.

Most education programs begin with orientation, which often includes a portion called onboarding. Onboarding is the welcoming process where new technicians make *Connections* at all levels within the organization from administration to peers. A great onboarding experience can improve employee retention, whereas poor experiences can lead to higher staff turnover. A positive experience confirms the decision to join not only the organization but the team. It also calibrates the new employee to the *Culture* of the facility and department; provides *Clarification* of job roles; and allows completion of activities to ensure *Compliance* with legal and regulatory requirements. Together, the four Cs build a bond between the healthcare facility and the employee. (Bauer, 2010)

Onboarding is typically the role of Human Resources; however, Sterile



Processing (SP) supervisors and managers should be an integral part of the team when developing onboarding methods and requirements. If an organization does not have a formal onboarding process, it is important to invest the time to create one.

Onboarding happens over the first few days of hire and encompasses the basic information relevant to all employees, regardless of job title. Examples include benefits availability, lunch and breaktime policies, parking, uniforms, and safety considerations; however, onboarding involves more than that.

Departmental onboarding is also critical to the success of the new employee. Successful managers understand it takes an SP village to effectively train the new employee. Including all team members in this process will result in winning outcomes for the new employee and the department. During departmental onboarding, it is prudent to focus on delivering the four Cs specific to the department. Behavioral expectations should be set during this time with existing employees setting the standard. At the end of department onboarding, the new employee should:

- Understand their roles in the department and the delivery of patient care.
- Articulate the department goals and customer expectations.
- Locate the policies, procedures and tools for doing the various tasks in the department.
- Know who to go to when they have questions.

The next step in the orientation process is task training. SP combines several processes, each with great complexity. New employees will need time to learn each task. Orientation

<b>Verbal Learner</b>	Prefers to read or listen to the material
<b>Visual Learner</b>	Prefers to see the material through pictures or color codes
<b>Physical Learner</b>	Prefers to move the body or touch the objects during training
<b>Auditory Learner</b>	Prefers sound cues like music, alarms, chimes, etc., while learning the material
<b>Logical Learner</b>	Prefers information grouped and categorized

task training should be a planned process with clear expectations and checkpoints along the way. It should follow a logical flow for the job function. The type of training and length of the training process depends on the task. For example, cleaning a hemostat has a few steps, but cleaning a bronchoscope has many steps and many different pieces of equipment are used in the process. Cleaning a bronchoscope, therefore, would require more time to learn than cleaning a hemostat.

As adults, employees typically do not learn for the sake of learning. They learn because they need to know the information. Any information presented to them during training that they themselves do not consider important will typically be forgotten. Training should relate critical items back to patient safety, employee safety or employee performance measurements. This will help the employee see the importance of the training material and retain the information.

New employees also come to the job with experience. They may have worked in a similar role someplace else, and they may even have experiences from their personal lives that they connect to the task. Adults learn by expanding on what they already know. Recognizing this experience engages the employee and provides a framework from which they can apply the new information being learned.

It is important to assess the base knowledge of the employee and flex the training accordingly. Let's look at the training for a new employee with washer-disinfector experience. The trainer would assess the base knowledge of the employee. If the current job knowledge was sufficient, the trainer may only do refresher training; however, if the assessment pointed out areas of knowledge or skills that were significantly different from the procedures at the facility, training would continue as normal, allowing the new employee to "reprogram" the knowledge necessary to work with the washer-disinfector at their new job.

While much of the learning will take place at a workstation, near the sterilizers or in decontamination, management may require the completion of pre-training modules to ensure a thorough overview of the duties before stepping into the active work environment. It is important to provide a quiet atmosphere—with minimal distractions—to allow the new employee to concentrate on concepts with which they may be unfamiliar.

When training moves to the floor, it is important to use a variety of training methods that cater to different learning styles. Although employees can learn from any of the learning styles, the employee's preferred learning style gives faster and easier results. Using many learning styles reaches more employees with their preferred method and



reinforces the learning process.

A training program for loading a washer-disinfector that incorporates many learning styles may look like this:

1. Employee reads the facility procedure and operator manual. (Verbal and Logical)
2. Employee watches an inservice video. (Visual)
3. Employee watches a demonstration of the loading process. (Visual)
4. Employee loads the washer under the direction of a trained technician. (Physical)

Four of the five learning styles are reflected in this example. If the video had music playing in the background, it would appeal to auditory learners.

Consistency and reproducibility of orientation and training between employees is critical. Documentation is key. Checklists are a must. Checklists capture the required training for each stage of the employee's development. While many orientation checklist templates are available, it is wise not to blindly copy an orientation program. Doing so can give surveyors red flags regarding noncompliance. For instance, a competency section devoted to instrument air in a department without instrument air shows gaps in policies and procedures. Ensure that checklists are current and specific to the department.

SP leaders may question the proper duration of orientation; however, it is shortsighted to mandate that orientation must be completed in a set time (six weeks or three months, for example). Adults learn at different paces and have different strengths. While orientation cannot and should not be indefinite, proper gate-checks proving competency will round out the process and ensure successful completion.

### Objective 2: Recognize and Manage Informal Training

Formal training is intentional. It has defined goals, a set of tools and a way to measure success. Giving technicians the skills and knowledge to perform their jobs is the typical goal for SP training. They receive work procedures, instructions for use (IFU), wall charts and checklists to aid in the learning. Demonstrating competency completes the formal training process.

Informal training is outside the formal structure. It is often spontaneous, focused on a particular aspect of a task or process. Informal training comes in numerous forms. It may be an answer to a question posed by the employee, or it may come from an online video or through a social media chat group. Frequently, informal training comes from observation of the other employees in SP. The learner drives informal learning. It is what the learner wishes to learn or finds important at that moment in time. Engaged employees will naturally seek informal training opportunities.

An orientation and training program should accommodate the need for informal training and supply resources for it. The buddy system, inservice videos, lead technicians, and workflow software all give opportunities for informal training. When properly done, informal training can empower employees and reinforce formal training. Additionally, confining training to formal settings can stop good employees from taking initiative in their development.

Still, informal education should be monitored. When informal training is inaccurate, serious complications can arise. Let's use the following example: An employee received formal training on preparing cleaning solution at the

sink. The employee fills the sink with hot water to a predetermined level and then presses the dosing button to dispense a measured amount of cleaning chemistry. The training ensured compliance with the chemistry's IFU. Later, the employee sees an experienced co-worker partially fill the sink while pouring an unknown amount of cleaning chemistry into it. The new employee adopts this practice. Failing to follow the IFU is dangerous on numerous fronts, including instrumentation damage, employee safety, and possible residual chemistries that could cause harm to patient tissues. This type of informal training trumps formal training because the behavior speaks so loudly that the procedure does not matter. When informal training does not match formal training, the gap must be promptly corrected.

### Objective 3: Establish Competency-based Education

According to IAHCSSM's *Central Service Leadership Manual*, competency "is a standard of knowledge, skills and abilities that is required for successful job performance." Competency-based training provides employees with the knowledge and skill to do their jobs. Competencies give clear expectations that are measurable.

Competency-based training falls into two groups. *Core competencies* supply the knowledge and skills necessary for the healthcare facility to meet its needs. Some of these competencies are part of federal regulations, such as bloodborne pathogen training. Others correlate to accreditation and others address quality and safety.

*Functional competencies* supply the knowledge and skills necessary for employees to do their specific jobs. In the SP environment, this includes operation of steam sterilizers, cleaning



surgical instrumentation, and operation of ultrasonic cleaners, to name a few. Functional competencies are further divided into process, product and equipment competencies.

Regardless of the type of competency, the general format is the same. Each competency should be written and identify the process, product or equipment covered by the competency. It should provide a list of procedures, wall charts, IFU and other tools necessary to complete the task. The competency should include a checklist that identifies components of the task that demonstrate the employee has the knowledge and skills necessary to perform the task effectively. Lastly, the competency must identify how the knowledge or skill will be measured. Will records be inspected? Will the employee be observed? Will return demonstrations be watched? Will verbal questions be answered? Will a test be completed?

Training must impart the knowledge and skills necessary to prove competency. As previously stated, training materials and programs should use as many of the learning styles as possible. Leaders should not forget to factor in generational learning differences when developing training materials. Whereas team members in their 20s and 30s may prefer the easy access of smart devices, older employees may prefer computer-based learning and not welcome the smaller viewing screen of a smart phone. Others may prefer paper copies where they can edit and take notes. It is also important to consider the language needs of learners. Within an English-speaking country, employees who speak English as a second language may need simpler language or translated materials, for example.

While some tasks remain standardized and reasonably unchanged

throughout time, such as how to don and doff personal protective equipment, other tasks require regular updates as devices change and new inventory or better processes become available. It is important to audit competencies and training materials at specified intervals, including owners' manuals, IFU, standards, guidelines and other directives used to develop the training material. Leaders should also perform an immediate review when training gaps, safety concerns or patient care issues show ineffective training.

Continuous improvement is not limited to the products delivered from SP. Feedback on the orientation and training program is vital, including what worked and what didn't. SP leaders should solicit feedback frequently from all SP employees (new and established team members) and adjust accordingly.

Leaders must assess, review and update training processes—like any other business element—within this unique, complex and vital patient safety environment. Leadership's assessment of training should include observation and verbal review. If an employee is not grasping the subject matter, they should be retrained as needed. Leaders should also investigate and correct gaps that prevent successful attainment of knowledge or skills. Remember: retraining is not always the answer; sometimes, an unexpected outcome reveals conditions that prevent the employee from performing the task correctly.

### Conclusion

Competency-based training, strong orientation and empowering onboarding using standards, best practice guidelines and current processes will ensure a solid foundation for current and future employees. Leaders should also celebrate

successes, praise high-performing teams, and inform customers. Those wins can be used to further strengthen departmental operations.

### RESOURCES

1. Thurmond, T. "Power of competency checklists for Sterile Processing." *Healthcare Purchasing News*. Dec. 21, 2020. <https://www.hpnonline.com/sterile-processing/article/21202328/power-of-competency-checklists-for-sterile-processing>
2. International Association of Healthcare Central Service Materiel Management. *Central Service Leadership Manual*, Third Ed. Sterile Processing Leaders and Staff Development. 2020.
3. Bauer, T. "Onboarding New Employees: Maximizing Success." SHRM Foundation. 2020. <https://www.shrm.org/foundation/ourwork/initiatives/resources-from-past-initiatives/documents/onboarding%20new%20employees.pdf>