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Learning Objectives

1. To define competency
2. To identify levels of competency
3. To describe development of a competency assessment list

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Competencies in Sterile Processing

by Nancy Chobin, RN, AAS, ACSP, CAPDM

Verifying competencies in Sterile Processing is an important task for the Manager/Supervisor. Why is there so much attention given to competency?

- It is a requirement of The Joint Commission;
- The continued occurrence of medical errors; many of which are attributed to improper or inadequate training;
- It is our job in healthcare to protect the public; competency verification is one way to do this;
- The continued sophistication of devices and equipment being used in healthcare challenge effective reprocessing.

The benefits to competency testing include:

- Provides for the establishment of levels of competency for safe and effective practice;
- Encourages improved performance in the job for each employee;
- Provides opportunities for career growth for employees within the healthcare facility.

These are some definitions that are used with competency verification.

Competence - is a standardized requirement for an individual to properly perform a specific job. It encompasses a combination of knowledge, skills and behavior utilized to improve performance. More generally, competence is the state or quality of being adequately or well qualified, having the ability to perform a specific role. (Wikipedia 2008).

Competency - is an individual's actual performance in a particular situation.

Experience - is skills or knowledge gained through practice.

Cognitive skills - are a person's ability to learn, plan and act based upon knowledge or perceptions. They are also known as critical thinking skills.

An individual may have the skills necessary to start a sterilizer but does the employee have the experience to know what to do when the steam safety valve blows? It is the experience that enhances the cognitive skills to make the individual competent. There is an assumption that the only way we know how someone thinks is by observing their behavior. Therefore,

you should ask your staff members to explain **why** they are doing things to clarify intent.

There are five (5) levels of competency for sterile processing:

- **Novice** - This would be a new employee without any sterile processing experience. The novices require close supervision, assistance and education. They need rules (policies and procedures) to guide their actions. It is a good idea to provide a copy of each policy and procedure as it is described to help guide their actions.
- **Advanced beginner** - The advanced beginner is independent in some but not all aspects of practice. They may need help with establishing priorities; however they still need frequent monitoring and continuing education (CE) to develop.
- **Competent** - A competent employee has the ability to apply experience and judgment to new situations; they are able to set priorities, manage most complex situations; and make good logical decisions. Competent employees still require CE to remain current.
- **Proficient** - The proficient employee's performance is skilled and efficient. Their decision making is less labored; they can mentor other employees and can manage all situations effectively. Proficient employees still require ongoing continuing education to remain current.
- **Expert** - The expert has an intuitive grasp of special techniques; they are masterful at problem solving; can anticipate problems, and can assist others to become mentors. The expert also requires ongoing CE needed to remain current.

How to assess competency

Competency assessments in sterile processing begin with the Job Description. All job descriptions should be competency-based and identify the knowledge, skills and behaviors necessary for competent performance.

When developing competencies they need to be written with a specific goal in mind. What are you trying to verify? If it

is a task, look at your practice and focus on the high-risk/high-volume or high-risk/low-volume procedures. Focus on problem prone areas (e.g. clogged lumens of cannulated instruments; poor documentation of biological testing, etc.). Competency assessments must be ongoing and revised when changes occur (e.g. new products, equipment).

There are some key words used to evaluate competencies:

- To assess knowledge areas use words such as “describes, names, knows, understands”;
- To assess skills areas use words such as “demonstrates, adheres, performs, interprets, records”.

When should competencies be assessed and documented?

- Upon hire, if the employee claims to have previous experience;
- After 3 months (probational assessment);
- Every 3 years (requirement of The Joint Commission) or more frequently if required by facility policy, law, or regulation;
- As indicated for procedural/equipment/product changes.

How should competencies be assessed?

To help develop employee competencies, focus on the daily tasks. If we are not doing things right every day, this is a major concern. The Joint Commission provides guidance on assessing competency in an FAQ published online earlier this year in the Human Resources Management section (www.jointcommission.org).

“Q: What is required to complete a competency assessment?”

A: The competency assessment can be accomplished through a variety of methods including the assessment of information from current and previous employers, collecting peer feedback, verifying certification and licensure, reviewing test results with a written or oral competency, and observation of skills. The assessment must be thorough and focus on the particular competency needs for the clinical staff’s assignment. Use of a self-assessment, such as a skills checklist, as the sole assessment method does not constitute a competency assessment.”

In Sterile Processing, many of the assessments will be performed by direct observation; in my experience, this is the preferred methodology. If the task (e.g. loading a mechanical

washer so all items can make contact with the detergent and water) is performed satisfactorily, then competency can be assumed. (NOTE: The Joint Commission accepts “in the absence of error competency can be assumed”). The person assigned to perform the assessment should be competent in all phases of SPD/CS work. The observations should be made without any prompting to the employee. For example, “Mary, I am going to observe you in Decontamination today for your Annual Competency Assessment. I may have some questions for you as we go along”. If the employee is observed cleaning instruments above the water level during manual cleaning, this deficiency would be documented on the Orientation form (if a new orientee, or on the Annual Competency form if this is a task that was selected for annual competency testing). After the observation the deficiency should be discussed with the employee. For some knowledge assessments, questions need to be asked. For example, “Mary, what are the types of detergents used in Decontamination and how are they used?”

All ratings (satisfactory and unsatisfactory ratings) should be documented. The Joint Commission requires hospitals to take action when a staff-member’s assessed competence fails to meet expectations. All unsatisfactory ratings should result in re-instrumenting of the employee (with appropriate documentation) and re-assessment. While there is no specified time frame, it is recommended the re-assessment be performed within two weeks time.

When selecting tasks to be assessed, try to concentrate on high-risk patient safety areas (e.g. running a biological indicator with implant loads) or problem prone tasks (e.g. changing the printout paper in the sterilizer). Additional areas of focus would include regulatory requirements (e.g. OSHA, FDA); relevant standards (AAMI), Recommended Practices (AORN), equipment competencies (e.g. new sterilizer), etc. Sometimes more than one observation is needed because the employee failed to demonstrate the task without error or failed to recite the knowledge without error.

Many methods can be used to improve competency including reading MSDS

sheets, reading the departmental policy and procedure manual, viewing relevant videos; in-services from the Infection Preventionist (on Microbiology), etc.

To enhance competencies, Managers/Supervisors should support competency activities such as:

- Seminars – encourage employees to attend outside Seminars – not only for the knowledge they will gain but for the networking as well!
- Departmental In-services – If the Manager/Supervisor does not feel comfortable giving an in-service, there are many vendors who provide in-services on-site, often at no cost. Make sure the in-service has been approved for Continuing Education credits by the two certification boards.
- Professional journals – There are several magazines that publish free in-services.
- Videos – many manufacturers offer videos for education or training on their product. Videos should be screened first.
- Internet websites.
- Employee Certification.

Management Responsibilities - It is a responsibility of the Manager/Supervisor to:

- Develop the employees’ competency-based job description
- Develop a detailed Orientation Guide which includes an evaluation of return demonstrations
- Ensure that the training needs for all staff members are met (remember with a culturally diverse department you may have to provide additional education and training)
- Document all training and continuing education. The training documentation may be needed in an unlawful discharge lawsuit. The Continuing Education records are needed for re-certification documentation.
- Develop in-services; special training for employees
- Develop and perform Competency Testing for all staff members at least every 3 years
- Define all Orientation Competencies
- Identify knowledge and skills for all areas of practice
- Ensure standardization of training for all staff members
- Ensure training and education complements the departmental policy/procedure manual

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SELF-STUDY from page 39

- Assign competent trainers/mentors/preceptors
- Ensure that all work performed by new employees is performed under the direct supervision of a competent mentor
- Evaluate employee's performance continually; no one wants to find out they are performing badly at their 3-month probation assessment
- Require a return demonstration for each task; the demonstration should be error free
- In the return demonstration ask questions about the tasks (e.g. what detergent are you selecting for manual cleaning? Why? How much is needed? Where did you get the information about how to clean the device? Etc.)
- Special Competencies – develop competencies for new equipment or new instrumentation:
 - Develop a list of tasks and knowledge for proper use of the device;
 - Develop a Competency check list (some manufacturers will provide this to you as part of their in-servicing).

Measuring competencies

Measurement of competencies should not only be at the entry-level to the profession but ongoing to ensure that knowledge and skills remain current. Measurement should include all levels; technician, supervisor and manager levels. The best method for determining profession specific competency is with a certification examination process. Many healthcare professions have selected certification examinations to determine competency

e.g. Operating Room Nurses, Infection Preventionists, Physicians, Respiratory Therapists, Surgical Technologists, etc. The legally defensible way to determine the knowledge and skills for competency performance is with a role delineation study or Job Analysis Survey. The data collected from a survey of the actual practitioners nationwide is used as the blue print for the development of an examination which is legally defensible. The certification exam content represents the knowledge and skill ratings of the actual practitioners. Competency certification testing can evaluate whether a sterile processing technician/supervisor/manager has the knowledge of how a procedure might be applied rather than demonstrating the procedure itself. The competencies identified through the Job Analysis establish standards of practice for the profession.

There are two SPD/CS certification paths for sterile processing, the competency-based Certification Board for Sterile Processing and Distribution, Inc. (www.sterileprocessing.org) offers six levels of certification; technician, supervisor, manager, surgical instrument processor, Ambulatory Surgery sterile processing technician and Flexible Endoscope Reprocessor. The International Association for Healthcare Central Service Materials Management (www.iahcsmm.org) is the professional organization for sterile processing. IAHCSSM offers three levels of certification; Technician, Healthcare Leadership and Instrument Specialist. The IAHCSSM certification is for one year.

Competencies for sterile processing have been determined. Training should be developed to complement competencies. Competency testing is a requirement and needs to be performed after orientation and at least every three years.

We need competency verification because the broad range of knowledge and skills that are needed in sterile processing dictate that competencies be established to measure the performance of sterile processing personnel. Furthermore, knowledge and skills areas have grown dramatically for SPD/CS and will continue to grow as technology continues to advance. Competent performers make fewer mistakes and have improved morale; this enhances and standardizes department quality and, ultimately, patient safety. **HPN**

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Disclosure statement

Ms. Chobin is a consultant to 3M.

Nancy Chobin RN, CSPDM is Corporate consultant/ Educator, Saint Barnabas Health Care System; West Orange, NJ; Executive Director, CBSPD, Inc., President and CEO, Sterile Processing University, LLC Chobin has 30+ years experience in sterile processing and has been a registered nurse for 42 years. She serves on the AAMI Sterilization Standards Committee (since 1995), served on the AORN Recommended Practices Committee (2005-2008) and is the volunteer Executive Director and founder of the Certification Board for Sterile Processing & Distribution, Inc. Chobin owns and operates Sterile Processing University LLC, an on-line education and training website and co-authored "The Basics of Sterile Processing" textbook and workbook.

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Competencies in Sterile Processing

Circle the one correct answer:

1. An individual's actual performance in a given situation is known as:
 - A) knowledge
 - B) experience
 - C) competency
 - D) cognitive skills
2. How many levels of competency are there for Sterile Processing?
 - A) 2
 - B) 4
 - C) 5
 - D) 8
3. Competency assessments are recommended for all of the following EXCEPT?
 - A) New hire in SPD
 - B) New Manager hired into the department
 - C) New equipment/instrumentation
 - D) Probationary assessment
4. When determining competencies focus on daily tasks.
 - A) True
 - B) False
5. The best method for determining competency is by
 - A) Direct observation
 - B) Written test
 - C) Oral test
 - D) All of the above
- 6) Which of the following should be included in competency assessments for SPD?
 - A) OSHA standards
 - B) AAMI standards
 - C) Departmental Policies and Procedures
 - D) All of the above
- 7) Training and education should complement the
 - A) Manager's philosophy
 - B) Departmental Policy & Procedure Manual
 - C) Infection Control Manual
 - D) Mentor's past experience
- 8) Which agency/organization requires Competency assessments and documentation once every three years?
 - A) AORN
 - B) CDC
 - C) OSHA
 - D) The Joint Commission
- 9) Knowledge and skills gained through practice is known as
 - A) experience
 - B) competency
 - C) cognitive skills
 - D) recognition
- 10) Which level of competency requires continuing education to remain competent?
 - A) Novice
 - B) Advanced Beginner
 - C) Expert
 - D) All of the above

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