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**LEARNING OBJECTIVES**

1. Interpret and describe required educational competencies in Sterile Processing departments.
2. Document, track, and review learning activities and learning gaps, and address needs and deficiencies.
3. Create educational experiences and opportunities that will allow staff to apply and master learned knowledge.

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# Sterile Processing Education

## *The balancing act between documentation and application*

by Anna Castillo-Gutierrez

In recent years, education in the Sterile Processing department has been placed in the forefront of every audit and surveyor. So much so, that healthcare facilities around the country have started to realize how vital a Sterile Processing Educator can be to the department and often, a hospital system. The concepts of infection control, quality control, and process improvement, all defined in one role; but it all starts with the quality of education and training that our Sterile Processing technicians receive.

Learning the ins and outs of Sterile Processing education can be a daunting task. There are numerous standards, regulatory agencies, and hospital-based policies and procedures that technicians must learn and apply. It can be difficult to keep up with all the processes that need to take place, let alone find ways to teach trainees who learn differently. So how do we bridge the gap between the required procedures

in our industries and helping our Sterile Processing staff apply them effectively?

**Criteria and compliance**

Let's start by looking at required learning activities and documentation that need to take place. Each auditing agency, state, and even countries will have slightly different criteria facilities need to fulfill to stay compliant, but you may notice these professional organizations often share similar concepts. The goal is to keep our patients and staff safe using industry-proven concepts derived from scientific research. Each facility must understand and follow state-required criteria to maintain their deemed status. As an example, I will use the recommended standards and practices from the ANSI/AAMI ST79: 2017 Comprehensive guide to steam sterilization and sterility assurance in healthcare facilities. Staff considerations described in this guideline provide a glimpse into what some auditing



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agencies may be looking for in staff education files. Sterile Processing staff should demonstrate documented competency in all areas of the department they serve, such as the following:

- Biohazard transport
- Decontamination
- Preparation and packaging
- Sterilization
- Sterile storage
- Distribution of sterile supplies
- Manual and mechanical cleaning methods
- Equipment operations, such as the various modes or methods of steam sterilization within one sterilizer (this should include equipment testing and validation)
- Infection prevention control and
- Worker safety protocols (such as donning and doffing PPE)

The previously mentioned competencies are recommended to be maintained and documented on a yearly basis. Should deficiencies be identified, staff should be reassessed to maintain knowledge of the process or evaluated to determine if a deficiency is due to behavioral concerns which requires leadership intervention.

Additionally, each staff member should receive initial training that is documented. In other words; level set the playing field for all onboarding staff, no matter the experience level or title. This initial orientation should be completed with the use of a tool such as a training pathway or checklist for each task staff is to complete or perform.

These pathways or checklists can be as simple as naming the criteria to be observed, listing the behaviors or tasks that must be observed, and identifying successful completion of the task. Additionally, some instrument-tracking software may provide ways to capture competencies as well. Here is a simplified example of a pathway any educator can create:

Using this format, staff should not be checked-off or validated until they are

competent to perform the activity. It should go without saying that staff should not be allowed to perform those activities alone without being appropriately documented in a format such as this. As you would expect, an initial pathway for staff who are onboarding will take a few weeks to document, as it should. During onboarding, it is crucial to keep up with new hire activities, and document them on a weekly basis to ensure progress is being made. Notes should also be documented on pathways to be reviewed midway through the orientation schedule and at the conclusion of orientation; you will want to review these with your preceptee as you document them as well.

### Continuing education and competency

Yearly and continuing education should reflect the same processes plus any additional vital competencies that may be high-risk, low frequency such as Immediate Use Steam Sterilization. These high-risk, low frequency competencies will ensure your staff maintains proficiency in tasks that may not be performed every day. In this case, Immediate Use Steam Sterilization should be identified as high-risk due to its nature. Staff seldom perform this activity, but competent staff should be able to perform it in emergent situations appropriately and accurately. Consequently, it is highly recommended to educate, validate, and review these processes minimally on a yearly basis if not, more often.

Tracking and reviewing educational competencies should be a continuous process that educators and leaders assess together routinely. When competencies are documented, there should be space for documenting process failures, learning gaps and deficiencies. Documenting learning gaps does not have to be a negative subject. In fact, tracking these gaps help

leaders and educators address staff limitations. Think of them as learning plateaus; they show you where your staff is currently and where to build from. In previous experiences, this is where great educators are created; it is easy to teach amazing staff that do not have issues learning. Here is where you discover the educator who can step out of the herd and create new learning atmospheres for staff who may have different learning styles from other technicians.

As competencies are completed, look for common trends such as areas within checklists and pathways that confuse staff. You may need to update the way the checklist is written to allow staff to easily understand the task, or you may find that the task is a common learning gap that staff could use a refresher on with the use of an in-service or hands-on demonstration. Either way, trending performance gaps will help the department as a whole, and help you differentiate competency-based performance issues with behavioral issues.

### Best practices for learning styles

Sterile Processing technicians have a plethora of tasks that can be broken down in this manner, but how do educators and leaders prevent the monotonous task of “checking the box” on each of these critical processes? How can educators and leaders teach, coach, and educate the various styles of learners when they in fact may not have attended courses to teach them how to navigate through the various learning styles? In my previous experience, as an elementary teacher, I had the amazing pleasure of learning how to develop young minds. In the academic courses I attended, I learned how to create learning experiences that allowed students to grasp new concepts and ideas that stretched their minds to not only understand processes, but also conceptualize theories that helped

Criteria	Task Description	Validation Method: Direct Observation/ Simulation/Verbal	Date	Preceptee Initials
<b>Decontamination</b>	Looks up manufacturer's instructions for use	DO/S/V		
	Dons and Doffs PPE appropriately	DO/S/V		
	Demonstrates testing of washer	DO/S/V		

students build and connect to other areas of their learning. There are numerous ways educators can help staff master learning pathways and processes in the Sterile Processing department, but before I can recommend ideas or activities, we must first go over learning styles, so we have a good understanding of how our staff learns intellectually. There are four main learning styles:

1. **Visual Learners-** They learn through sight. Visual aids such as diagrams, charts, videos and pictures are helpful. When taking notes, visual learners often rewrite words with symbols or initials. Try using spacing on presentations, underline and use different colors as well. They need visual stimulation.
2. **Auditory Learners-** They listen well. Lectures and discussions are important to these learners. Use tools such as discussion questions. See one, do one, teach one will help these learners. Use different tones in your speech when presenting. They may want to record and review later. Leave space at the end of presentations for these learners to ask questions. Attending lectures and presentations is very important to these learners.
3. **Read/Write Learners-** They love books, glossaries, notes, and using written words in general. These learners rewrite and reread textbooks and notes into different words. They make lists and rearrange these lists into multiple-choice questions. It is important for these learners to understand words to keep a running glossary of new or unfamiliar terms for future reference.
4. **Kinesthetic Learners-** They do. These learners use their sense of touch, sight, taste, hearing, and smell. You must incorporate body movement, labs, simulations, and hands-on practice. They use real-life examples when taking notes to make learning personal to them.

It is important to recognize that all of us may have a blend of each type, with one type of learning style more predominant than the others. So, although you may know that most learners are kinesthetic, you may still want to provide all types of learning styles to your group to capture the attention of all learners.

One process I use continuously, is creating education that comes in three parts:

1. PowerPoint or poster presentation (*provide the answers*); it does not have to be complicated. A simple 2-3 slide deck or poster with major learning points can be used to speak on. The presenter can elaborate on the how-to's or importance of...
2. Tip sheet (*provide resources for the test*); I create these one-page resources and

laminate them to be placed in areas where they are easily accessible or seen where processes need to be performed, such as how to perform insulation testing with pictures and step-by-step instructions from connecting the tester accessories to performing the test.

3. Pathway or checklist (*the test*); creating and using these tools will allow you to see staff shine. The goal is to have staff who are comfortable using the resources you provided and asked questions during the presentation, once they get to the checklist the staff should be able to reference the tip sheet and often fly solo through the process they are asked to perform.

Hopefully, you have recognized that I have included all the learning styles I previously spoke on; visual, auditory, read/write, and kinesthetic learners. For the visual and auditory learner, I build my presentation and keep them at 15-20 minutes for the lecture part, I use images, videos, music, and most importantly, I provide answers, even though the majority of the staff may know how to perform the processes I am introducing. I purposefully leave 10 minutes at the end of the presentation for questions and conversations on the topic. As I present the information on the screen or poster, I also introduce the tip sheet or resource that will be displayed in the department. I make enough copies to be shared or taken for study or to write notes on. Many will think this is a waste of resources or paper, but it makes the difference for those visual and read/write learners. Soon after the information is presented, I make my way into the department and begin to check staff off with the use of the pathway or checklist. By this time, staff have instructions on what I'd like to see when I check them off. There are times when staff have stumbled through a process or need additional help, but much of the staff will swiftly perform the activity which allows me to spend extra time with those who truly need it.

### Successful results and staff achievements

I'd like to admit that this process has worked well with our staff and leaders, but it can take some organization and time to put together. In all, I allow myself one, sometimes two, weeks to put together the presentation and tip sheet, making sure to run through the processes myself and with leaders to ensure they work and provide the results we need staff to achieve. Once I present the information and resources, I then allow myself and leaders about

three weeks to complete the check-off on each staff (depending on the process, we check off minimum 55 and up to 75 staff within this timeframe). For large facilities or healthcare systems, I check off super users or preceptors who can in turn help me check off staff who I miss, such as overnight staff.

For quick turnaround tasks, I have also used "rodeo"-style learning fairs where staff can quickly hop from one preceptor to another. I check off a small group of super users to assist me in sections of the in-service and check-off process. One super user will introduce the topic, the next will perform the demonstration, and the last preceptor checks-off staff. I use these rodeo fairs for simple concepts that are not high risk.

The work of a Sterile Processing educator is neverending, and often filled with issues and processes that are challenging to find ways to put into practice, especially in this ever-evolving industry of standards and policies. We all aim to bring agency and manufacturer best practices to a group of staff who often go unrecognized for the amazing work they do every day, but until we marry intention with thoughtful, educational processes, our staff will be left on their own to decipher processes that, if not done correctly, can place patients at risk. Our teams are ready to learn, is your current education process ready to help them succeed? **HPN**

#### References

1. ANSI/AAMI ST79:2017 & 2020 amendments A1, A2, A3, A4 (Consolidated Text): Comprehensive guide to steam sterilization and sterility assurance in health care facilities. (2020). Association for the Advancement of Medical Instrumentation.

*Anna Castillo-Gutierrez, AA, CRCST, CSPDT, CIS, CFER, Certified CPR Instructor, is a System Sterile Processing Educator at Texas Children's Hospital.*



*She is a Sterile Processing technician certified with IAHCMM, HSPA, and CBSPD, with knowledge of Sterile Processing standards and guidelines according to AAMI, ANSI, SGNA, AORN, OSHA and CDC. Castillo-Gutierrez is experienced in purchasing, contract acquisition, project planning, and management, as well as procurement, scheduling, and tracking systems. Proficient in multitask projects, cross-functional teams, and Lean/Six Sigma, she is a supervisor/manager/educator with a mindset on patient safety and student achievement, who also empowers and challenges staff to educate themselves and grow into leaders.*



**CONTINUING EDUCATION TEST • AUGUST 2023**

## Sterile Processing Education

*The balancing act between documentation and application*

Circle the one correct answer:

- Evidence-based guidelines and standards suggest Sterile Processing staff should have documented education on safety procedures such as OSHA's blood-borne pathogens standard?  
A. True  
B. False
- Every person on your team has similar learning styles and can be taught using the same formats?  
A. True  
B. False
- Completing in-services and having a sign-in sheet from staff to verbally acknowledge competency is enough for surveying agencies.  
A. True  
B. False
- Tip sheets are resources that can be used to replace manufacturer's instructions for use.  
A. True  
B. False
- The majority of learners are kinesthetic, but may have other various types of learning styles they are compatible with.  
A. True  
B. False
- Pathways and checklists are tools listing criteria and behaviors that need to be performed in front of competent leaders or staff who have themselves been checked off.  
A. True  
B. False
- You should not document additional information in pathways and checklists for future review with preceptees.  
A. True  
B. False
- Processes that are low frequency do not need competency checklists documented since staff do not perform them all the time.  
A. True  
B. False
- Only regulatory agencies will provide educational recommended practices for healthcare facilities to follow and document.  
A. True  
B. False
- Sterile Processing staff can perform all activities without having documented competencies, as long as they have years of experience in the Sterile Processing field.  
A. True  
B. False

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