

Education Nation: Curriculum-Based In-Services



BY SARAH B. CRUZ, CSPDT, CRCST, CHL, CIS IS PRESIDENT AND FOUNDER OF PRETREAT CSS

There are a number of free continuing education opportunities within the Sterile Processing (SP) industry. However, the specific standard works or standard operating procedures (SOPs) associated with department training are typically the responsibility of the facility's Manager or Educator. Training comes with its own considerations like learning style, retention ability of the participant, and ease of performing the process. When SOPs are haphazardly created

due to poor, rushed, and/or reactive development, the frontline SP professional's ability to retain key information can feel like a constant battle.

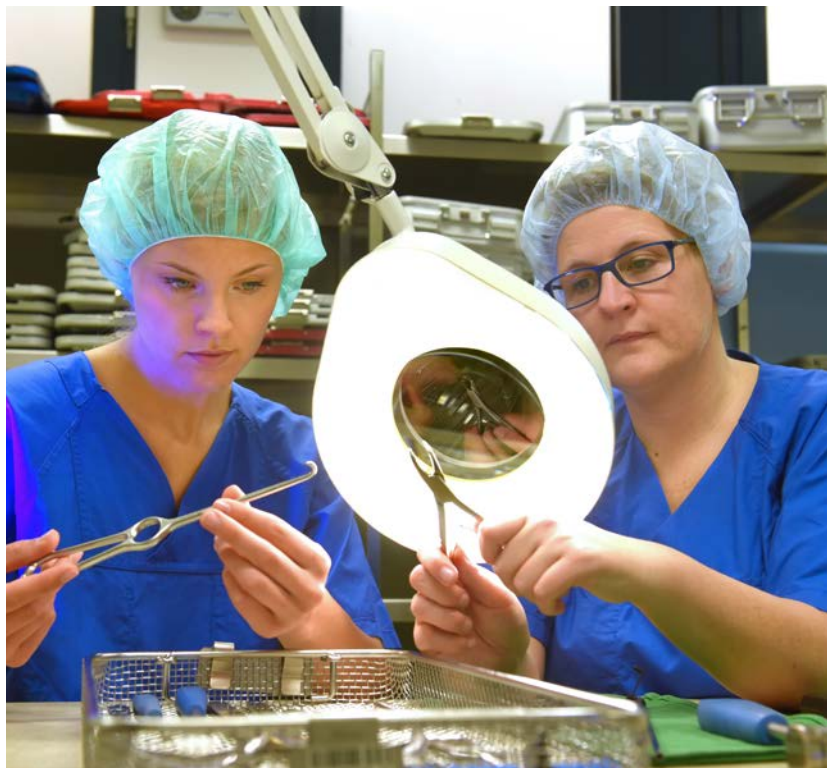
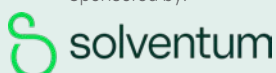
Some of the most popular forms of training and retention in SP are kinesthetic and visual demonstration. These are more commonly referred to as hand-over-hand or see-one-do-one. A significant portion of new technician onboarding relies heavily upon this teaching application. Even more often, this is the only form of education provided. This results in the constant call

of memory until department conditioning is achieved. If SP technicians don't remember the process steps necessary to achieve the anticipated outcomes, then they typically defer to a more senior technician to retrain them. This form of practice reinforcement comes with its own limitations and opportunities for misinformation to become engrained, perpetuated, and normalized. This is a training version of the game 'Telephone', when one person relays information to the next repeatedly until the final

Learning Objectives

1. **Demonstrate an effective curriculum based inservice.**
2. **Create a curriculum that quantifies comprehension.**
3. **Assemble necessary resources to research curriculum**
4. **Employ multiple approaches to incorporate all learning styles**

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outcome is almost unrecognizable from its origins.

Learning Styles

Retention and application go hand-in-hand regardless of how the training is implemented. Facility leaders attempt to instill preferred practices with more robust demonstration via department in-services. While a compelling in-service is always the aim, they often rely heavily on textbook application and listening. While some professionals learn best auditorily and/or by written content, this is a small portion among the SP professional population.

Therefore, the most opportune way to implement the desired department standards and facility expectations must incorporate all the primary learning modalities: kinesthetic, reading/writing, visual, and auditory. The composition of multilearning means also makes for a compelling and engaging in-service. By doing so, the training has a higher probability for on-the-job repeatability, consistent application, and staying power even after the time clock has been punched.

By encompassing all the common forms of learning and ultimately retention, the in-service will become interactive. A speaking/reading component is important, true, but even more impactful when it becomes a dialogue. Dialogue is the first step to critical thinking development. The physical hand gestures that come with conversation also make the topic more engaging. If we are leading an in-service on reading instructions for use (IFUs), why not include an activity that requires the participants to pair up and try to refold the document? This physical activity will compel teamwork as well as introduce the contents of the document. Another approach may be to draw a sterilization table and ask each team to fill in the necessary information. The main goal of all this is to create an intrinsic way for the professionals to relate

to the content. To be more compelling is to ensure retention amongst the SP in-service attendees.

Curriculum-Based

The ability to create and structure such inclusive learning activities resides in the creator's ability to develop practical curricula that resonate with the group. This means the in-service developer must consider the professionals' different personal backgrounds, experience levels, and previous understanding. These are the key components to whether or not the information will land, let alone stick.

The purpose of an 'in-service' is to encourage the participants to tap into a higher set of thinking skills in order to solidify their understanding of the subject. Thus, the three previously mentioned components are incorporated into curriculum-based content. Curriculum-based in-services require the content creator and/or deliverer to indicate learning objectives and anticipated outcomes that create the roadmap to measurable outcomes.¹ It is not enough to measure the effectiveness of an in-service with a one-dimensional outcome like whether or not the process is being performed. Effective curriculum-based in-services also create a way to determine what and why participants may not be applying the outcome of the newly taught discipline. This is referred to as curriculum-based measurement (CBM).²

A simple way to approach CBM is to start with the end goal or desired outcome. Then list the various concepts or skills that need to be taught to deliver that mastery consistently. This list will outline the areas that represent comprehension.^{3,4} Next, itemize ways to quantify this comprehension cohesively. The end result will be a checklist that determines not only how to achieve the desired skill or knowledge but how to successfully demonstrate it. Let's take, for

Lesson:

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Quiz Answers:

1. D, 2. A, 3. B, 4. A, 5. B, 6. D, 7. C, 8. B, 9. B, 10. D

example, an in-service that aims to teach the team how to read an IFU. The desired outcome may be that SP professionals will learn to discern the correct sterilizer cycle. One way to tell this concept is not grasped is when an autoclave load is run on the incorrect cycle. This is not an effective CBM for many obvious reasons. However, without clear CBMs, it will remain the metric used to determine retention. More effective CBMs may include:

- Demonstrate the ability to locate the sterilization parameters in the IFU document
- Interpret the sterilization information table
- Determine which type of sterilizer is being used
- Apply previous training to select the appropriate sterilizer load

These CBMs highlight specific areas that can be evaluated and can be addressed to ensure the sterilizer is run correctly and that the entire team is working in the same direction.

Research and Content Development

It goes without saying that the information given in the in-service must be accurate. While the confidence of the creator may be resounding, they must still ensure their practice and thought process emulates current standards, best practices, and regulatory expectations. Things change quickly in the world of Sterile Processing. The silver lining here is that there is always information available. Be sure the source of the information is noteworthy or supplemented by credible sources. This can also be done by referencing standard documents (AAMI, ANSI, SGNA, etc.) and even the facility policies.

Researching does not have to be a solo endeavor or as daunting as its reputation leads many to believe. An excellent place to begin research is through professional organization recommendations. The Association

of periOperative Registered Nurses (AORN), the Association of Surgical Techs (AST), and the Healthcare Sterile Processing Association (HSPA) are key industry organizations that provide best practice resources and guideline recommendations that influence SP department practices. Turning to these organizations and the documents they provide can also lead to a plethora of subject matter experts.

Industry professionals offer a tremendous amount of knowledge, and external input will help ensure the curriculum is robust and versatile. There is always the chance that there is a group of individuals searching for the same or similar information, as well. Other SP managers, educators, and industry consultants can provide tenured insight as well as offer a launching point for further investigation. Vendor partners and product educators are also a phenomenal resource for information. Many companies provide free training material, access to webinars, and even their own company-created in-services.

Quantifiable Comprehension

While this type of collaboration can provide up-to-date information, CBMs still need to be created. As the individual who brings in the vendor-led program, quality CBMs that encompass the educational points listed previously are very important. The primary goal of the vendor is to teach about the product and the creator's duty is to ensure that the content is retainable, understandable, and can be put into action afterwards.

Quantifiable comprehension is a proactive and solidified way to determine if the content is absorbed effectively. This ensures that the team is not just going through the motions, but truly understanding what they are applying and why. The same list created to develop CBMs can be utilized in pre- and post-assessments. These assessments are used to gauge

comprehension before and after the in-service. The pre-assessment gauges the participants' current understanding of the material, while the post-assessment indicates what they have learned. Giving the same assessment again after a few days, then a week, and again after a month can also assist if follow-up or retraining needs to occur. These assessments can be in a number of formats, with the most common being a quiz. However, test anxiety or learning style can be a root cause of poor test performance. With that being said, the assessment can be given orally, in dialogue, and/or on a digital document.

Regardless of the modality, the purpose of these assessments is to demonstrate comprehension and retention. Post in-service observation is used to indicate the actionability of the training. The professionals need to be able to apply their learning effectively in the field. One technique is to casually ask questions of the individual in a conversational manner. For example, if the technician is selecting an autoclave load cycle, one could ask them to show them how to do it as if they were a new colleague. This will result in them explaining or demonstrating how to find the information. If it does not, then the area of improvement has been identified. Reiteration like this, along with repetition, help to cement concepts to actions.

Curriculum-based in-services supported by thorough research and measured by quantifiable comprehension are the foundation necessary to create quality in-services. With this strategic approach, learning styles, interest, and engagement are utilized to create retainable, interactive, and actionable educational content. A successful in-service must do more than require learning. It also needs to motivate and empower the SP professional in a way that resonates with them and connects them to the patient safety outcome. **HPN**

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Education Nation: Curriculum-Based In-Services - Practice Quiz

- What is a key responsibility of the in-service content creator?**
 - To ensure that the in-service content is based solely on their personal experience and knowledge
 - To focus only on technical skills and ignore the development of critical thinking and retention
 - To avoid using any external resources or guidelines in favor of creating entirely original content
 - To develop a curriculum that considers the diverse learning styles, backgrounds, and experience levels of participants
- Haphazard or poorly developed SOPs can make it difficult for Sterile Processing professionals to retain important information.**
 - True
 - False
- What is one major limitation of using only the "see-one-do-one" training method?**
 - It provides clear written documentation for the participants
 - It assumes the information will be dedicated to memory quickly
 - It results in excessive time spent on training
 - It is universally effective for all learning styles
- Which of the following best describes the purpose of incorporating all four primary learning modalities (kinesthetic, reading/writing, visual, and auditory) into an in-service?**
 - To appeal to different learning preferences and improve retention
 - To make the in-service longer and more complex
 - To decrease the cost of training
 - To follow industry regulations
- What is the primary purpose of quantifiable comprehension in Sterile Processing training?**
 - To measure the speed at which tasks are completed
 - To determine if participants truly understand and can apply the training content
 - To assess whether participants can memorize all training materials
 - To evaluate how well participants can repeat information from memory
- What is the primary goal of a curriculum-based in-service in Sterile Processing?**
 - To meet regulatory requirements
 - To ensure participants can memorize specific steps
 - To increase the speed of task completion
 - To encourage participants to use critical thinking and retain information
- What is an example of a curriculum-based measurement (CBM) for evaluating an in-service on how to read an Instruction for Use (IFU)?**
 - Checking if the sterilizer is running at the correct cycle
 - Asking the team to memorize the entire IFU document
 - Observing if the team can locate and interpret sterilization parameters in the IFU
 - Measuring if the technician can recite the IFU from memory
- The effectiveness of an in-service can be determined by one-dimensional outcomes, such as simply completing the task correctly.**
 - True
 - False
- What is recommended as an effective strategy to ensure the in-service curriculum is both current and robust?**
 - Relying only on internal facility policies to create training materials
 - Conducting research through professional organizations and collaborating with subject matter experts
 - Using only vendor-supplied content without modification
 - Relying on personal knowledge and interpretation
- Pre-assessments and post-assessments assist with:**
 - The current understanding of a topic
 - Indicate what was learned after the in-service
 - Identify areas that may need further training
 - All of the above