

**Sterile Supply Specialist Training Course
Level II**

**INDUCTION OF NEW STAFF /
PERSONNEL TRAINING**

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Induction of New Staff / Personnel Training

1 Induction of new staff

1.1 *Introduction*

Effective induction of new staff is a vital prerequisite for a functional Reprocessing Unit for Medical Devices (RUMED) and should accordingly be taken seriously. It is also part of the quality assurance process in the healthcare system and therefore more attention should be paid to this task. But the need for this is also accentuated by increasingly dwindling resources and rising economic pressures.

Induction, no doubt, comes hand in hand with expectations and uncertainties on the part of both the establishment and the new staff member. The financial and time investments needed for induction of a new staff member are considerable, hence a well-structured and efficient approach is needed.

1.2 *Reasons for highly effective staff induction*

- ◆ The RUMED staff are the guarantors of high-quality medical devices and should therefore be accorded commensurate attention because only contented and well-trained staff can deliver quality.
- ◆ In particular in a harsh economic climate it is important that competent and committed personnel be retained, motivated and further developed. Fluctuation and dropout rates should thus be reduced and junior staff members promoted.
- ◆ Furthermore, it must be ensured that staff will be given the opportunity for further development.
- ◆ Induction of new staff helps to shape, and indeed determine, their attitudes and motivation in the workplace.

1.3 *Targets of qualified staff induction*

- ◆ Optimal distribution of the workload
 - ◆ Less stress for other staff members
 - ◆ Less time investment for staff
- ◆ Reduced absenteeism / less fluctuation
- ◆ Contented staff are generally less likely to fall ill
- ◆ Enhanced performance in the workplace
- ◆ All staff members are able to discharge all tasks
- ◆ Improvement of the working environment

- ◆ Continuity in the team – a more cohesive cooperation is assured
- ◆ The main focus is on inculcation of new knowledge and new skills

1.4 Common targets

- ◆ Learn how to interact with colleagues and work as a team
- ◆ Learn about and implement safety, independence and a sense of responsibility as per the work manual
- ◆ Familiarise oneself with standard operating procedures (SOPs) and apply these
- ◆ Foster an awareness of the importance of the duties and discharge these conscientiously to achieve a performance that is qualitatively and quantitatively of a high standard.

“Each and every staff member should endeavour to help a newcomer overcome anxieties and guide them towards independent, confident and effective working practices”

1.5 Induction organisation

- ◆ Of paramount importance for successful induction is in all cases its quality, therefore it should take a systematic approach to duties.
- ◆ Thorough planning and preparation are the chief determinants of successful and problem-free workflow patterns.
- ◆ The new staff member should receive all vital orientational information, e.g. in the form of an induction checklist.

This list can be used as the basis for the first meeting, so that important details are not overlooked.

This should start with the management and staff members greeting and getting to know each other. Other important details such as e.g. uniform regulations, job description, handing over keys, organisational standards, information on occupational medical services/health and safety, induction manual, etc. Other points include presentation of the workplace, how it is laid out and organised (area management, deputy managers, working hours, shift handover, planning working schedules, safety measures, communication channels, etc).

Another important point is explanation of the review sheet. If there is a possibility of appointing a mentor, then the latter should also attend this meeting. The mentor will then act as contact person for the new staff member, i.e. the mentee.

The supervisor (manager) should also allocate enough time for this briefing session. The newcomer should not be overloaded with information and then not given a chance to ask questions.

“I shall never forget the first day!”

1.6 Selection criteria for the mentor

- ◆ Sufficient professional experience
- ◆ Good coordination and communication skills
- ◆ Sense of responsibility and motivation
- ◆ Have the professional and personal attributes assuring acceptance within the group
- ◆ Positive attitude to own work

1.7 Important factors for induction

- ◆ An open and gregarious attitude
- ◆ Specialist interest, concentration on the essential tasks
- ◆ Intellectual and professional prerequisites, rational mindset, logical decision-making, mental flexibility
- ◆ Prospects for progress and success as well as acknowledgement of efforts

1.8 Requirements for new staff

The requirements for new staff will depend on the respective working area.

A few points by way of example:

- ◆ Completion of requisite education level
- ◆ Interest in working area and motivation
- ◆ Sense of responsibility / reliability / meticulousness
- ◆ Hygiene awareness
- ◆ Flexibility and adaptability
- ◆ Empathy
- ◆ Good comprehension and communication skills
- ◆ Ecological awareness, etc.

1.9 Induction schedule

Induction cannot be planned according to a rigid standard, rather a certain amount of flexibility must be permitted. The scope of training will depend on the respective position. The newcomer should not be challenged too much or too little. It is very important to verify that imparted knowledge has been understood.

“It is not WHAT and WHERE but WHY and WHY SO that is important!”

“comprehend rather than copy!”

1.10 Different phases of induction of a new staff member

In the course of induction the new staff member will experience five phases which, based on R. Brodehl, are broken down as follows.

1.10.1 Phase I – Preparation:

- ◆ Changed conditions
- ◆ Preparation for starting work
- ◆ Likewise preparation for the new staff member begins long before he actually starts work. Questions such as the following are often raised: “Has an induction schedule been drawn up?”; “What are the new colleagues like?”, etc..

1.10.2 Phase II – Orientation phase / adaptation phase

- ◆ Adaptation process
- ◆ Orientation in practice
- ◆ The new staff member familiarises himself with the new workplace. Four questions are important to underpin this familiarisation process and promote a “feel-good sense”

Where is what? – refers to spatial orientation, equipment, materials, etc.

When must what be done? – refers to temporal orientation, daily routine, training sessions, advanced training sessions, how much time have I for learning, etc.

Who am I in the group? – refers to personal orientation, i.e. interaction in the group, have I a mentor, etc..

What is done how? – refers to specialist orientation, are there SOPs, duty manuals and training documentation to hand.

1.10.3 Phase III – Consolidation phase

- ◆ The workload is increasingly reduced in the team
- ◆ In this phase the new staff member tries to adapt to his new environment.
- ◆ In this phase it is important to retain motivation and enthusiasm. This is best accomplished if one finds the golden mean between not challenging the newcomer too much or too little.
- ◆ The progress and success of both parties i.e. new staff member and mentor should be emphasised. Feedback is the best channel for openly discussing any issues or situations arising during the induction phase and eliminating misunderstandings. The positive should be reinforced, the negative should be addressed as soon as possible to enable the staff member to make improvements.

1.10.4 Phase IV – Qualification phase

- ◆ Specialist orientation and integration into the team takes place at this stage.
- ◆ The employee becomes increasingly more confident and puts his skills to the test, i.e. implements the newly acquired knowledge. In this phase, too, he becomes more independent and less reliant on the mentor.

1.10.5 Phase V – Maturation phase or degeneration phase

- ◆ This means contentment in the workplace, i.e. personal and professional acceptance is manifested.
- ◆ If acceptance has not taken hold by this final phase, then in most cases the newcomer will already have made a decision, i.e. already planned his exit.

1.11 Interim talk and final talk

- ◆ The interim talks and final talk in the induction phase must not be confused with the review meeting held before offering the employee a permanent position.
- ◆ The number of such talks and the phases in which they are held must be specified and the new staff member informed.
- ◆ Minutes of the talks must always be kept.
- ◆ The mentor and department management should participate in these talks to keep track of accretion of knowledge and jointly discuss any uncertainties.
- ◆ The final talk of the induction phase must be held before expiry of the trial period.

1.12 Factors impeding induction

- ◆ Failure to plan the scope and timeframe of the induction phases
- ◆ Failure to set out in writing the learning targets i.e. no induction manual
- ◆ Provision not made for feedback talks to verify the newly acquired knowledge
- ◆ Too little time allocated for interim discussions, with matters being alluded to only in passing
- ◆ An endless stream of different mentors
- ◆ The working schedule does not allocate any time for induction of the new staff member
- ◆ The mentor is not a role model, hence the newcomer fails to develop a positive attitude to his duties

1.13 Summary of points covered in learning phases

By practising and trying things out the trainee will acquire the skills to work faster and more confidently as well as gain experience. It is very important to monitor progress during the induction phase and this should be recorded. In this way one can keep track of which tasks the new employee has been shown, performed under supervision and then independently.

This helps to set targets, i.e. to verify if the topics set out in the induction phases were covered and the methods used appropriate. Any mishaps should be explained and the reasons for not reaching the target in the induction phase discussed. Conversely, when learning targets are reached, this must be applauded. Other control instruments include observing how the employee performs tasks, asking pertinent questions, followed by joint analysis.

Under no circumstances should the mentor abruptly abandon the new staff member after the last phase, since in most cases close contact will have been established with the mentor. The new staff member should continue to feel the mentor will be there to help in any difficult situations. The mentor continues to bear a certain amount of responsibility for integration of the new employee into the team and for accretion of his specialist knowledge.

Definition of induction phases confers flexibility within the allotted timeframe, providing for individual attention while at the same time ensuring the set goals are reached. In many areas having a trained mentor at one's disposal is a mere illusion. But one can select a qualified mentor in one's own team by consulting an appropriate guide or on the basis of the selection criteria outlined above. If the mentor is well prepared and has a positive attitude to his role, the induction process should prove successful. A well-structured induction phase is essential to keep up with the fast pace of current activities and meet all requirements.

2 Personnel Training

2.1 Introduction

Once the principles underlying the induction of new staff have been mastered, they can be extrapolated to the sphere of personnel training.

Quality management also includes measures for education, advanced training, continuing professional development and specialist training as well as for organising training sessions for staff at regular intervals.

The wfhs guideline No 4 „Reprocessing Medical Devices in/for Healthcare Establishments“ stipulates that all persons who reprocess medical devices must have undergone appropriate training. Employees must have completed specialist training courses in line with the RUMED category (I-III) in which they are employed.

2.2 What “education” is understood to mean

“Education imparts the theoretical and practical knowledge and skills needed to exercise a an occupation”.

2.3 What “advanced training” is understood to mean

“Employees of the RUMEDs should participate in internal or external advanced training, so as to keep abreast of the latest developments and knowledge in the field of Medical Device reprocessing or to reinforce their knowledge and skills “.

2.4 What “continuing professional development” (CPD) is understood to mean

“Employees of the RUMEDs are entitled to pass appropriate continuing professional development to reinforce and/or expanding their knowledge and skills“.

2.5 What “specialist training” is understood to mean

“Employees of RUMEDs are obliged to undergo specialist training if they are to work in a broader area of activity. Specialist training is aimed at imparting the theoretical and practical knowledge and skills needed to discharge specialist, teaching or managerial duties”.

2.6 What “training” is understood to mean

“To uphold and enhance quality standards training should be conducted at regular intervals. Announcement of internal changes, innovative working techniques, organisational changes, etc. are just some of the topics to be addressed in a training schedule”

Compilation of a training schedule and its timely implementation ensures that staff are trained for their respective workplace. Provision of regular training is not only a criterion for validation of a RUMED, it also reinforces in personnel an awareness of the importance of their work, thus boosting their motivation.

2.7 Targets and goals of training = training requirement

- Refresh and expand knowledge and skills
- Learn additional tasks
- Master new working techniques
- Take on more exacting tasks
- Master multiple tasks
- Assume more responsibility in the workplace
- Eliminate uncertainties and misconceptions
- Improve working environment
- Boost productivity in the workplace

2.8 Implementation of the training schedule

- a) How?
 - b) Who?
 - c) Where?
 - d) When?
 - e) What?
- a) Training can be conducted in the form of a lecture (theoretical), group assignments or practical exercises.
 - b) A trainer should be appointed (either in general or for each training session). The choice of trainer will depend on the respective topics covered and is documented
 - c) Training sessions can be held in a RUMED, classroom, etc.
 - d) Each institution should define the training intervals and timeframe. But based on experience, they should be held at least three times per year.
 - e) The topics covered in training sessions could include, e.g.: briefing on health and safety documentation, occupational protection (accidents or near accidents), reprocessing of new instruments or equipment, rising error rate and analysis of this, repetition of standard operating procedures, inspection of other establishments, etc. Topics suggested by staff should be taken account of. These topics are recorded by the trainer in a training schedule.

2.9 Documentation / training assessment

As per the dictates of quality assurance, the trainer is required to compile a training schedule and ensure that minutes are taken for each training session.

The training schedule should include:

- ◆ Name of the institution,
- ◆ Topics,
- ◆ Date, possibly also time and place,
- ◆ Name of scheduled attendees as well as
- ◆ Name of trainer.

The training protocol must include: name of the institution, date, place, time, topic, person taking minutes and in the annex a list of attendees as well as any training documentation.

This assessment will give an insight into the training session i.e. the topics covered and knowledge imparted to staff. In some RUMEDs staff sit a test to gauge their level of knowledge. The assessment also helps to identify whether the quality target was met, for example whether the planned training sessions were actually held.

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The script has been proof read and authorized by the wfhss education group

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5 Learning targets

Chapter 1 (induction of new staff):

- Be able to describe the different phases of induction for a new staff member
- Be able to design an induction manual or schedule with learning phases for the respective workplace.

Chapter 2 (training):

- Be able to explain why CPD is needed for staff and comment on topics to be covered.
- Be able to compile a training schedule and know how training sessions are documented.