

CRITERION

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A MESSAGE FROM THE EXECUTIVE DIRECTOR Nancy Chobin, R.N., CSPDM

THE VALUE OF CERTIFICATION — A question often raised is "why should I get certified if I am not recognized for my certification by title or salary?" This is a valid question, especially since many professions (e.g. nursing) recognize certification by salary or bonuses. The answer is in what your job means to you as a sterile processing professional. When you entered this profession, you accepted that your job was critical to patient safety. What you do and how well you do it impacts on the well being of patients on a daily basis. If you want to be recognized as a professional, you should embrace certification as a means to demonstrate to your peers **and the public you serve**, that you have met accepted standards of competent practice for the profession.



Recognizing that salaries are still way too low to compensate for the serious nature of the work you do, the CBSPD

Board is working with some companies to offer scholarships to sterile processing professionals who wish to attain certification but do not have the financial means to do so. One such company is SPS Medical in Rochester, New York. Contact SPS Medical at 1-800-722-1529 or e-mail them at education@SPSmedical.com. You can also visit the CBSPD webpage at www.sterileprocessing.org for further information and an application form. Keep visiting our webpage for announcements when additional scholarships from other companies become available.

Now that New Jersey has mandated certification for all sterile processing professionals, it will not take long for other states to follow (New York, California, Pennsylvania and Ohio are all looking into certification for their states). For those of you who are certified, **it is now more important than ever to maintain your certification.** An important part of re-certification is continuing education. Continuing education means just that — **you have continued your education throughout the five year certification period.** You should not be holding off until last minute to try to accumulate your points. You are responsible for your certification and should accept responsibility for maintaining your points. There are many ways to get points. If you are having problems with earning points, contact the CBSPD webpage for additional information or call our office for help.

The CBSPD is committed to making competency-based certification accessible to all sterile processing personnel. We are making changes in our processes that will facilitate the record keeping for re-certification. We ask for your suggestions how we can make the process easier for you to report your points.

I SPY.....PROTECTING YOUR CERTIFICATION — You know how hard you worked to pass your certification exam and also know how hard you work to maintain your points to retain your certification. However, at the recent National Organization for Competency Assurance (NOCA) meeting in Miami Beach, several educational sessions dealt with the issue of **cheating.** Cheating can take place in a variety of forms; the person who memorizes questions and shares them with others; the person who takes the exam for someone else; the person who leaves notes with information in the bathroom; the list goes on and on. The CBSPD does not want anyone obtaining certification through fraudulent means and we will take any and all steps to prevent this from happening. **An important part of this is prevention.** It is critical that the proctors used for the CBSPD examination recognize the importance of their responsibility to maintain the security of the examination at all times. The CBSPD Proctor Manual gives specific instructions to proctors regarding what to look for and what to do to prevent cheating. You also play an important part in this process. If you witness any suspicious activity at your test site, you can call the CBSPD office to report this. We will perform a complete investigation and your name will be kept confidential.

Make no mistake, anytime the CBSPD can verify that an individual cheated in any manner, shape or form, or if a proctor fails to fulfill their contractual obligations to the CBSPD, the CBSPD will prosecute to the full extent of the law. We do not take this step easily because litigation is expensive. However, our mission is to protect the public and anyone attempting to obtain certification who did not earn it, is a danger to the public and we must take action. In addition, anyone falsely claiming to be certified and is not can, also face litigation by the CBSPD for falsely using our name and credential.

Managers should make sure that they select proctors who are dependable and will strictly enforce the CBSPD high security standards. In addition, when employees are certified, the Manager should **require that the original certification certificate be brought in.** A copy can be made for the hospital records. **Never accept a copy of a certificate because it could be a fake!** Of course, the CBSPD office will always verify an employee's certification status as part of our responsibility to protect the public.

So, keep your eyes and ears open. The integrity of the credential depends on it!

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CHAUNCEY GROUP INTERNATIONAL BECOMES THOMSON PROMETRIC

In October, it was announced that Thomson Prometric, Baltimore, Maryland, purchased the Chauncey Group International/CAPSTAR, Princeton, New Jersey. Thomson Prometric is one of the largest computer-based testing agencies in the U.S. Purchase of the Chauncey Group now gives Thomson Prometric access to paper-pencil test companies. **The CBSPD has no plans to switch to a computer based examination for a number of reasons:**

1. The one *main advantage* for computer based-exams appears to be immediate scoring of the exam; the candidate gets the score immediately at the end of the test.
2. The *disadvantages* include:
 - a. Increased cost to the candidates.
 - b. No advantage to security since the majority of security breaches now occur with computer-based programs.
 - c. Would not be able to offer the exam at hospital locations as we do now.

Look for additional information as we learn more about Thomson Prometric.

PEGGY RYAN NAMED BOARD MEMBER EMERITUS

At the October 2004 CBSPD Board of Directors meeting it was unanimously approved to name Margaret (Peggy) Ryan, RN, CSPDM, Board member Emeritus. Peggy has been a past Board Member of the CBSPD and a strong supporter from its inception. Through the years Peggy has made many contributions to the CBSPD and her knowledge and support are greatly appreciated. Peggy joins M. Eleanor Reilly, RN of Ohio as the other Board member Emeritus.

NEW AMBULATORY SURGERY CREDENTIAL TO LAUNCH IN APRIL 2005

The CBSPD announces the completion of the Job Analysis Survey for Ambulatory Surgery sterile processing technicians. This will be the fifth credential offered by the CBSPD. The Board has developed a Study Guide, informational brochure and pin specifically for this credential. The first exam will be offered in April 2005. Contact the CBSPD for further information.

CBSPD EXECUTIVE COMMISSIONERS (NON-VOTING)

Nancy Chobin, *R.N., CSPDT, CSIT, CSPDS, CSPDM*
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Sue McManus, *R.N., CEH, CSPDT, CSIT, CSPDS, CSPDM*
Test Development Committee Liaison
Nora Wikander, *R.N., CSPDT, CSIT, CSPDS, CSPDM*,
Co-Chairperson, CEU Review Committee
Bobby Osburn, *CSPDM*, Veteran's Affairs Representative
Martha Young, *CSPDT*, International Liaison Representative
M. Eleanor Reilly, *R.N., CSPDM*, Board Member Emeritus
Margaret Ryan, *R.N., CSPDM*, Board Member Emeritus

CBSPD VOTING BOARD

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Barbara Leigh, *CSPDS*, Supervisor Representative
Lanfrey Funches, *CSPDT*, Technician Representative
Lori Stratton, *CSIT, CSPDT*, Instrument Technician Rep.
Barbara Aldeman, *CSPDT*, Veteran's Affairs Technician Rep.
Paul Letersky, *B.A., J.D.*, Public Member

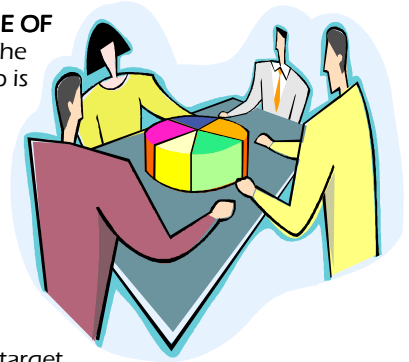
SYNOPSIS OF NOCA CONFERENCE NOVEMBER 2004

Karen Swanson, *L.P.N., CSPDM*

I had the pleasure of attending the NOCA conference with Nancy Chobin and Barbara Leigh. The chance to hear what other groups are doing, as well as the NOCA recommendations and guidelines was truly a great experience. There were many workshops to choose from. Unfortunately, we could not attend them all. Below are key points from the workshops I attended.

**MARKETING THE VALUE OF
YOUR CREDENTIAL** – The most important first step is market based planning:

- Define your message to the credential holders
- Determine what competitive advantage your organization holds
- Determine who to target
 - ⇒ *Employers*. What are the benefits of hiring certified people?
 - ⇒ *Certified people*. What are the benefits of certifying with your organization?



Keep asking – Why is certification important? Find out why people do not re-certify. Send out surveys or questionnaires to those who do not. Survey new certificants. Why did they sit for the exam and why did they choose your organization? Always remember that it is cheaper to keep a current customer than it is to recruit a new one.

Be as visible as possible. Attend trade fairs, have an up to date web site, advertise in professional magazines, etc. People are always wondering – what's in it for me? Be prepared to let them know.

RESOLVING EXCESSIVE ADA TEST ACCOMMODATIONS

Diagnosis is not necessarily an indicator that a person cannot take the exam with the same accommodations as others. You need to find out exactly what the candidate is asking for vs. their true ability and make a determination from there. Find out what they have done in the past at school, etc. Ask them what do they do on a daily basis when faced with this situation.

Continued

BRIDGING THE GAP BETWEEN ENHANCING AND MEASURING CONTINUED COMPETENCE

The Diabetes Educators Certification group has been in existence since 1986. Until the end of 2004 re-certification has been every five years by exam only. Their feeling is that this has been the most effective way to be sure the certificants remained up to date with current information. Pass rate has been 95% among re-certifiers, though they complained that they had to take the same exam as a person taking it for the first time. Starting in 2005 they will now require over a 5 year period that the certificants must be employed in Diabetes Education and have 75 hours of approved continuing education, or they can take the exam.

The re-certification program for the CBSPD is largely based on Continuing Education and requires obtaining the following number of points over the five years after becoming certified.

Technician: 100
Instrument Technician: 100
Ambulatory Surgery: 100
Supervisor: 150
Manager: 150

The Infection Control Practitioners — Certification Board for Infection Control re-certifies every five years with a Self Assessment Re-certification Exam (SARE) which is a 150 question "take home" test. Test questions are based on new and updated standards, articles in journals, etc. with the reference stated. The test is available early in the year and must be completed and returned by November. 95% of the people pass this exam which they state takes approximately 20 hours to research and complete. 50% of the membership takes the SARE instead of retaking the exam. If the person fails the exam, she must take the initial exam again because each SARE is used for a two year period.

The item writers are selected from the board members for this group. They meet three times a year. One of the meetings includes a workshop on item writing and each board member is required to write a certain number of items on a topic assigned.

The Emergency Room Nurses group re-certifies every four years using an internet based exam. They previously used an open book test and CEU's. They feel the downfall to CEU re-certification is the high cost of programs, therefore the person will only attend topics of personal interest as opposed to a broad range of topics. The internet test, once opened by the candidate, will remain open for 30 days. The person can access the site as much as they want during this period allowing the chance to look up references and information as needed. They have seen an increase in re-certification since offering the internet test.

REAL LIFE EXAMPLES OF HOW THE INTERNET THREATENS A TESTING PROGRAM

— Certifying groups need to frequently go to search engines such as MSN, AOL, Google, Cram bible.com and chats in Yahoo, AOL, Talk City to see what information is for sale related to tests.

RECRUITING, RETAINING AND MOTIVATING VOLUNTEER ITEM WRITERS AND COMMITTEE MEMBERS

— Establish specific criteria for eligibility before recruiting. Make it known to item writers at all levels that you value the expertise from their particular level. They don't need to be a manager to write technician questions.

When advertising for volunteers provide in depth information so all will know exactly what is expected of them. What exactly is this committee? What exactly is involved? To all who respond, clearly define responsibilities and expectations and what the organization will provide, such as all expenses paid, etc. Let respondents know they will be expected to "think outside the box" (what they do in their own dept. vs. national standards) Ask respondents what they would expect in return. Look for ethnic diversity and geographic diversity.

Provide a formal orientation prior to the first meeting, whether it be via web conference or pre-conference meeting. Assign a "board buddy" to greet and assist first time attendees. Encourage collaborating organizations (i.e. ASHCSP) to help advertise the need for volunteers on their web page. Provide recognition to the committee members. Examples — write a letter to their employers, recognize in the newsletter, certificates.

TAKING YOUR TEST TO NEW HEIGHTS — EFFECTIVELY WRITING ITEMS

— Many of the same information was stated at this session as in the recruiting session. How to find item writers- professional conferences and panels, authors of articles, educators.

General guidelines for writing items:

- Use the Job Analysis to decide what needs to be tested. Use important concepts that are job related. Do not try to confuse the candidate who knows the answer, yet do not give away the answer to candidates who do not know the answer.
- Use plausible distracters, use answers that would be correct in different situations.
- Keep in mind what the purpose of the test is. You are not teaching the candidate, you are testing what they should already know.
- All items must be critiqued for conformity to rules, accuracy, current trends.
- Psychometric analysis provides a good foundation for a good test, as well as quality assurance and defensibility.

Also discussed were computer based testing vs. paper pencil testing. The most important issue with the computer based testing is to be sure the candidates feel comfortable using a computer. Lack of ability to use a computer can cause a person to fail even though he knows the information. Computer based testing can provide greater variation in types of questions used, such as providing calculator capabilities, fill in the blanks, etc. vs. paper pencil testing.

NOCA CONFERENCE FEEDBACK

Barbara Leigh, CSPDS

The Conference was very informative and certificants should be reassured that only the highest standards are used for the validation of our certification. The process used to administer our exam and determine the objectivity, validity and fairness of questions is very complex. Of great concern to all participants was the security of testing, the future of computer-based examinations and new ideas for re-certification.

CONTINUING EDUCATION COLUMN

Teckla Maresca, L.P.N., CSPDM
Nora Wikander, R.N., CSPDM

There have been many questions regarding obtaining re-certification contact hours as well as how to maintain the records for submission for re-certification. We will attempt to review the process answering some of those questions.

Q: How do I know if a printed in-service is approved or not?

A: The printed in-services that have been "pre-approved" are to have a statement in their CEU instructions that this in-service has been pre-approved for a specific amount of time by the CBSPD. If a printed in-service (from journals, newsletters and websites) does not have that statement do not assume that it can be used for re-certification credits. In those cases submit an **"Application for Review of an Educational Program or In-service"** which needs to include the Title of the In-service, the Publication the in-service was in, the date of the publication, learning objectives. This can be accomplished from our website at www.sterileprocessing.org on the "CEU Approval" page or sent through the mail. If you need information on Continuing Education Protocols it can be found on our website or can be requested from the CBSPD office. When submitting an application for review make sure all of the information requested is complete.

Q: When do I have to get an approval code number?

A: All of the education contact hours to be used for re-certification must be reviewed by the CEU committee. Approval code numbers are given, by the committee, for all programs and in-services that do not have Pre-Approved status. Departmental in-services (anywhere from 15 minutes and up) need to be submitted on a completed **"Application for Review of an Educational Program or In-service"** within 30 days of the presentation. Departmental in-services can be formal or informal but must be related to the examination outline that is published in the "Continuing Education Protocols" available on our website or from the CBSPD office.

Q: What happens if I attend a seminar and the certificate does not have a CBSPD Approval Code Number or Contact Hours?

A: If the program announcement for the seminar does not state that the sponsoring organization has received or applied for CBSPD approval you should contact the sponsoring agency and request that they obtain approval for their program. If they have not or will not apply you must save the seminar announcement and/or agenda that shows a breakdown of the individual topics/programs being presented with time frames, subject matter and seminar objectives. You may then, as an individual, submit the information for review and if approved will be instructed on how to proceed when submitting the certificate of attendance at the time for your re-certification.

Q: I notice that the CBSPD Contact Hour approval for some programs are less than those approved by other organizations, most notably the nurses associations.

A: The CBSPD awards contact hours based on a sixty (60) minute hour of educational content. There are no credits awarded for breaks, lunch, and/or exhibits. Most Nursing organizations award CEU's based on a fifty (50) minute hour.

Q: Where can I find in-services that can be used for re-certification?

A: There are many printed inservices in professional publications (Infection Control Today, Managing Infection Control, HPN, Material Management Magazine, ASHCSP Newsletter, CBSPD Newsletter, North Carolina CS Association Newsletter) as well as on some websites (e-CSPD.com, iceinstitute.com, endonurse.com, ASP website, 3M website) that have been reviewed and approved for CBSPD contact hours – if you have any doubt on whether a printed in-service has been approved submit the information on an application, with a copy of the in-service attached. Please note that many have been pre-approved and will state the information in the CEU information with the in-service. Printed inservices, when approved are approved for a five-year time frame from the original date of publication. This can then be used one time during an individual's five-year certification period. As an example: An in-service published in 2002 would be approved from 2002 through 2007 and an individual certified in 2004 can use that in-service once in their five year certification period (2004 – 2009).

Q: Can I use an article for contact hour credit?

A: Informational articles do not qualify as an in-service but the information can be taken and an in-service developed for your department. Once an in-service has been developed you can submit it for review. Indicate the topic, learning objectives and a measurement tool for determining the understanding of the information.

Q: What will be acceptable documentation for the completion of in-services to submit for re-certification?

A: Maintain your information in one location so it is readily available when you are ready to re-certify once every five years. After completing an in-service there must be a list maintained of what the in-service title was, the publication it came from, the date of the publication as well as the date the in-service was completed. The record needs to indicate if the in-service was pre-approved or has an approval code number. Documentation of this information needs to be on institution letterhead and be signed by the department supervisor, manager or education coordinator. *A sample of an ongoing record that can be used is on the following page or can be downloaded (Adobe Acrobat file) from our website.* Please go to the downloads page and it will be located in the "CEU Packet" section. By having a listing of your in-services it will cut down on the paper work you need to maintain and submit at the time of your re-certification as well as give you a quick reference on the number of points you have.

We hope this information is helpful and if you have any further questions please contact the CBSPD office by calling or e-mail.

Avg. Hourly Salary Listed by Title when Certified.

Technician: **\$14.27/hr**

Surgical Instrument Technician: **\$13.93/hr**

Lead Tech/Supervisor: **\$19.30/hr**

Manager: **\$25.82/hr**

****A comparison between Certified Salaries vs. Non Certified Salaries was unavailable due to the lack of participation by uncertified employees.**

When Certified, did you receive a salary increase?

Yes: **37%** No: **63%**

Salary Increase Avg.: **\$2.76/hr; Range: 3 cents to \$17/hr**

Salary Increase Dollars/yr. Too varied for a realistic Avg. Range in Dollars/yr: **\$50 to \$6,949.50**

Other:

3% to 10% Wage Increase

Yearly Bonuses of \$500, \$700 to \$1000 (based on hours worked), and \$2,900

Government Level Increase of GS5.3 to GS6.1

What was the main reason you became Certified?

Required by Hospital: **24%**

Personal Professional Growth: **65%**

Both: **7%**

Other: (Promotion/Wage Increase): **4%**

When you became Certified, did your job title change?

Yes: **31%** No: **69%**

Does your facility permit you to use your credentialing initials after your name? Yes: **66%** No: **34%**

CBSPD makes a difference: Yes: **71%** No: **29%**

How?:

"After being certified as a tech and then certified supervisor I got a job as a supervisor at a different hospital. The certification worked for me."

"Anytime you increase your knowledge through education, inservices, or experience your skills will improve. Certification helps to enhance your skills."

"Became more aware of the correct way to do things and knowing why we do things the way we do."

"By studying for the test I realized the importance of what we do and it inspired me to do the very best I can."

"I am more aware of my job performance and the O.R. depends on me more than ever because of my certification."

"I learned a lot from studying for the test that I didn't get in regular training."

"I really feel that the information I gained helped me to better understand why things are done this way and how important it is to learn the proper methods of Sterilization."

"Respect from other department managers and administration."

"I think some form of formal training enhances your ability to perform and promote good ethics and quality products."

"It gave me the knowledge I needed to function in the manager position. The credentials after my name lend support to my cause."

"It made me more aware of what I was doing and how it impacted peoples lives. It feels good to have certification in my field of work."

"IT MAKES MY BOSS HAPPY"

"There is much higher confidence in what I am doing. It has provided knowledge of many resources that I can tap into."

"The certified technicians take more responsibility for their job performance due to their pride in certification and their increase knowledge of why they do what they do."

"Paying more attention to all the duties now that I know why things should be done in certain manner."

"My knowledge and respect of central service improved."

"More confident, more knowledgeable, more productive, and more respect from co-workers."

"I've completely changed the way the work is done and have made huge improvements in decontam."

Have you re-certified yet?

Yes: **47%** No: **11%** Not Due or N/A: **42%**

How did you re-certify?

Continuing Education: **73%**

Re-examination: **25%**

Both: **2%**

Total beds per hospital with % breakdown that participated. Includes Ave. Hourly Salary & Range

<100: **(33%) \$15.10/hr; Range: \$7.92 to \$32.04/hr**

100-200: **(20%) \$15.98/hr; Range: \$8.23 to \$47.52/hr**

201-300: **(17%) \$16.02/hr; Range: \$7.55 to \$35.50/hr**

301-400: **(10%) \$14.87/hr; Range: \$8.81 to \$27.36/hr**

401-500: **(8%) \$16.71/hr; Range: \$9.39 to \$38.15/hr**

501-600: **(4%) \$22.83/hr; Range: \$10.32 to \$35.56/hr**

600+: **(8%) \$16.12/hr; Range: \$7 to \$30.76/hr**

The CBSPD wants to thank all those who took the time to be a part of this survey.

****OCTOBER 2004 CBSPD CERTIFICATION EXAM STATS****

TECHNICIAN: Total Sat for Exam = 923;
Total Passed = 739 (80%); Total Failed = 184 (20%)

SURGICAL INSTRUMENT TECHNICIAN:
Total Sat for Exam=70; Total Passed=26 (37%);
Total Failed = 44 (63%)

MANAGER: Total Sat for Exam = 22;
Total Passed = 5 (23%); Total Failed = 17 (77%)

SUPERVISOR: Total Sat for Exam = 28
Total Passed = 14 (50%); Total Failed = 14 (50%)

PRE-APPROVED INSERVICE

CARE, HANDLING AND INSPECTION OF ENDOSCOPIC INSTRUMENTS AND RIGID SCOPES

Nancy Chobin, R.N., CSPDM
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BACKGROUND — **SURGICAL INSTRUMENTS** — not all surgical instruments are created equal. The base steel used in the manufacture of the instrument determines the quality of the instrument. Generally, steel from the United States and Germany are considered the best. Instruments are further divided into two categories; the *austenitic* instruments are those in the 300 series of steel. They are generally non-magnetic and are resistant to staining, pitting and corrosion. Usually retractors, probes or malleable instruments (e.g. ribbon retractors) are from the 300 series. The *martenitic* instruments contain a higher carbon content therefore are stronger. Scissors, needle holders and rongeurs are martenitic and are from the 400 series of steel.

GRADES/FINISHES — Generally, there are two grades of surgical instruments; surgical grade and floor grade (Pakistani). The floor grade instruments lack the fine detail and precision of surgical grade instruments. Therefore they usually break and corrode quickly. They are not suitable for the OR. There are several types of finishes for instruments and depending on their use will dictate the finish. A shiny finish will reflect light (e.g. chrome). This is not acceptable in the OR. A dull/satin finish does not reflect light and is commonly used in the OR. The ebonized/black finish is used for laser surgery instruments.

DAMAGE TO INSTRUMENTS. The life of an instrument should last 20+ years if cared for properly. Causes of damage to instruments include misuse (not used as intended by design), abuse (dumping instruments from a basket, stacking sets on top of one another); improper cleaning, improper sterilization and chemicals/detergents. Two of the most common chemicals (saline and chlorine bleach) are highly corrosive to surgical instruments. However excessive exposure to blood and even water can cause corrosion to instruments!

HOW TO PROTECT INSTRUMENTS — First, instruments should be used as intended. For example only use dissecting scissors on tissue, not on paper or tape, only use suture scissors to cut suture, use tubing clamps to clamp tubings, etc. Never "dump" instruments from tray onto a work table. In the OR, the instruments should be kept as clean as possible while in use. At end of each procedure, place the instruments in the specific container/pan intended for the set. If it is a protective container (e.g. rigid container or a specialty container designed to keep delicate items in place), place the instruments in the designated location to protect them from damage in transport. Do not stack sets unless they are in a rigid container (prevents excessive weight/compression

of the instruments). Protect delicate items and items with fine/sharp tips. Use special tip protectors however they must allow the tips of the instrument to remain in the open position for proper contact with the sterilizing agent. Place heavier items on bottom of the set and lighter items on top. Separate rigid scopes from instruments.

DAMAGE TO RIGID SCOPES — The optical element is called the telescope. It is the most expensive and fragile part of system. The telescope provides light and image to the surgeon. Always follow the scope manufacturer's instructions for cleaning. Ultrasonic cleaning is not recommended for scopes-vibrations can damage the lens seals and fracture optical fibers. When preparing the rigid scope, inspect all surfaces for damage including scratches, dents, abrasions, etc. Verify that a clear image is visible through the optical end. Usually if you hold the scope up to a light source and look through it you will identify if there is any cloudiness, blurring, black areas where vision is lost. Today there are two manufacturers of rigid scope testers to facilitate identification of vision issues with rigid scopes. All SPD departments should have this equipment available to ensure scopes are in good working order when placed on a set. If you notice that the image is cloudy, discolored or hazy, it may be caused by improper cleaning, disinfectant residue, cracked or broken lens or the presence of internal moisture or external damage (shaft). None of these are acceptable and would require repair of the scope.

"All SPD departments should have this equipment available..."

To prevent damage to rigid scopes, it is recommended that they be stored in specialty containers. Use scope protector sleeves available from the scope manufacturer. Cables used as a light source can also be easily damaged (the inside of the cable has multiple strands of fiber optic light cords made of glass). Therefore to avoid damaging the light cords, always loosely coil cables. When coiled, the diameter of the coil should be at least 8 inches.

LAPAROSCOPIC INSTRUMENTS — represents an entire new line of instruments developed specifically for minimally invasive surgery. They are extremely difficult to clean due to long shaft and jaw assembly, both of which can trap debris. When laparoscopic surgery is performed carbon dioxide is pumped into the abdomen to create an air space for the surgery. The positive pressure of the insufflated abdomen can cause blood and body fluids to flow under insulation and into channels making cleaning difficult/impossible. The use of high pressure water nozzles is recommended and there are several vendors offering such devices. Follow the instrument manufacturer's instructions carefully for cleaning. Pay close attention to lumens and cleaning ports. If the instrument has inserts, make sure they are removed for cleaning. Determine from the instrument manufacturer if the instrument can be sterilized with the inset in place or if it must be removed for sterilization. Enzymatic detergents are essential for cleaning these instruments. Strict attention to detail when cleaning the jaws and channels is essential.

INSPECTION — While all surgical instruments should be inspected (for cleanliness) and tested for functionality, there is a critical patient safety issue when it comes

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"...excessive exposure to blood and even water can cause corrosion to instruments!"

to insulated forceps. These require special inspection. Repeated use/sterilization can cause the layer of insulation covering the shaft to break down. Small breaks in the insulation can go unnoticed during cleaning/inspection. During surgery, defective insulation could allow 100% of the electrical current (700°F) to flow from the defect to the patient's internal organs and tissue. The smaller the crack the more dangerous the problem because more current escapes from small hole because it is more concentrated. In addition, most of these defects are not seen by the surgeon because the defective insulation could be outside of his visual field. If a patient suffers burns from a defective insulated instrument, the patient complains of severe abdominal pain after several days and the condition can result in peritonitis and sepsis and can lead to death.

The insulation on laparoscopic instruments will break due to normal wear and tear, high voltages, the cleaning and sterilization process (flash increases damage) and contact with sharp instruments (e.g. trocars). Therefore, a comprehensive system for inspection of the insulation on instruments is essential. Damage to insulation can occur from dropping the instrument, repeated sterilizations and/or placing instruments on top of other instruments, or from the instrument being "dumped" into a table. The expected life of an insulated instrument is for 20 uses (cases). Therefore, it is important to develop a policy and procedure to visually inspect insulation each time with lighted magnifying lamp. Look for cracks, holes, flaking in insulation. Follow with insulation testing equipment (available from several manufacturers). If the insulation test fails, the instrument needs to be sent for repair of the insulation.

CONCLUSION — Surgical instruments represent a high dollar investment for the facility. All personnel handling instruments must protect them from abuse and damage. We cannot afford to throw money away! Instruments are extensions of the surgeon's hands and must function as intended when needed. Proper use, handling, cleaning, sterilization and maintenance can keep instruments in good working order for 20+ years. Everyone needs to know how to care for instruments. Patient safety initiatives are essential so we must make sure that the instruments we provide to the surgeon are safe. Always follow the instrument manufacturer's instructions for cleaning, inspection and testing. Handle all instruments with extreme care. Carefully inspect insulated instruments each and every time they are processed.

Today and in the future, more procedures will be performed endoscopically. We need quality processes to ensure proper cleaning, effective high level disinfection and effective sterilization of all instrumentation. Our patients deserve no less.

REFERENCES:

Jarit Surgical Instruments – Laparoscopic Instruments.

Encision Laparoscopic Instruments – website.

Association for the Advancement of Medical Instrumentation. *Steam Sterilization and Sterility Assurance in Health Care Facilities. ST-46. 2002.*

American Society for Healthcare Central Service Professionals. *Technician Training Manual. 2001.*

POST-TEST

CARE, HANDLING AND INSPECTION OF ENDOSCOPIC INSTRUMENTS AND RIGID SCOPES

THIS PRE-APPROVED INSERVICE IS WORTH 1 CEU WITH A PASSING SCORE OF 70. YOUR MANAGER MUST GENERATE A CERTIFICATE OR LETTER OF COMPLETION ON FACILITY LETTERHEAD WITH YOUR NAME, SIGNATURE OF YOUR MANAGER, DATE OF TEST, TITLE OF TEST AND NAME OF JOURNAL (CRITERION). YOU WILL KEEP THIS WITH YOUR RE-CERTIFICATION RECORDS. DO NOT SEND THIS TEST TO THE CBSPD OFFICE.

- The two countries with the best steel for surgical instruments are:
 - United States and Canada
 - United States and Germany
 - Germany and Canada
 - Germany and Pakistan
- Martenistic instruments are from which category of instruments?
 - 200 series
 - 300 series
 - 400 series
 - 500 series
- Austenitic instruments are generally:
 - non-magnetic and resistant to staining
 - higher in carbon content making them stronger
 - scissors and rongeurs
 - needle holders and scalpels
- The two most common finishes for surgical instruments are:
 - floor grade and OR grade
 - shiny and satin
 - ebony and satin
 - shiny and ebony
- To prevent damage to fiber optic light cords, the cords should be coiled no less than what diameter?
 - 3"
 - 4"
 - 6"
 - 8"
- The most expensive and delicate part of a rigid scope is the
 - shaft
 - distal end
 - optical element
 - light cord attachment
- Insulation on insulated instruments should last for how many uses?
 - 15
 - 20
 - 25
 - 30

Continued

8. A major reason to inspect and test the integrity of insulation on insulated instruments is
 - A. surgeon satisfaction
 - B. patient safety
 - C. verify how many uses occurred
 - D. verify cleanliness

9. The two most difficult parts of a laparoscopic instrument are the
 - A. Shaft and jaws
 - B. Jaws and light attachment
 - C. Jaws and lumens
 - D. Lumens and shaft

10. The danger with defective insulation on instruments is:
 - A. the instrument cannot be cleaned correctly
 - B. the instrument cannot be sterilized/disinfected adequately
 - C. the insulation can fall off into the patient
 - D. the patient can suffer burns of the internal organs/tissue

****REMINDER TO ALL UPCOMING
APRIL RE-CERTS****

If you were originally certified on **April 22, 1995** or **April 29, 2000**, you are due for re-certification this April. *Please have your completed re-certification packet with payment of \$95 into the CBSPD office no later than April 29, 2005.*

The CBSPD mails out re-certification packets 6 months before you are due to expire. If you have not received your packet yet, please contact our office.

**PASSING THE CBSPD
MANAGER EXAM**

Dorothea (Dottie) Conroy R.N., BS, ACSP, CSPDM

I took the Manager's certification in October 2004 with great anticipation, fear, and concern due to the present high fail rate. So I prepared with great care, which I am sharing with you. Please use it to prepare for your test taking. Just remember you are taking a national test, not a test on your local area. It is a very hard test, but not impossible to pass. I did!

Preparation is a key to passing and you should prepare yourself well. Plan to take 60 hours or more for this. I used the information from the ASHCSP Technician's manual and the ASHCSP Manager's Manual, as well as, on job information. I work as a Manager for our Central Service department and occasionally have hands on experience. Sometimes I have to work as a technician if I have too many staff calling off. This gives me experience on the information that is in the technician manual. I also teach a technician prep course for my trainees to take the CBSPD technician test. I have done this for the past eleven years and my staff has had 100% passing

of the test. In addition my basic training is a diploma graduate in Nursing with an additional education for a degree in Healthcare Administration. My past history of work is heavy in Operating Room nursing and I have been in Central Service for twelve years. If you work in a department that does only sterile processing and does not have experience in distribution of supplies, my suggestion would be to get some experience in Materials Management Department. This would give you some hands-on experience with distribution, inventory management and cost analysis.

Don't panic on Fiscal management. If you don't do budgets, meet with your hospital's financial person and they will explain how to do a department budget and how to monitor a budget against actual expenses. Practice with your expenses and get familiar with handling them. These people love to have visitors. Many within the hospital think that they are not as flamboyant or noteworthy as some of the other departments. They are lonely. Visit them!

With the Human Resources area if you are not familiar with all of the labor laws, your HR director can help you. There are books and pamphlets that HR can give you for your review. A lot of the HR questions on the test were occurrences that were familiar to me from my life in management. Watch for tricky questions. FMLA may be defined rather than stated. Staffing issues can be learned from this department. You may improve your staffing ratio too.

Compliance with standards is a very important area on the test and in the work place. What kind of a department do we have if we are not following national standards? We need to know the AAMI/ANSI standards, OSHA standards, CDC, EPA, and JACHO standards in our practice. If you do not have ETO in your facility or your knowledge is limited, then go spend some time with a hospital in your area that has it and ask questions about their monitoring system and read their policies. If there is any practice or equipment that you do not have at your facility go visit another and ask questions. This will also help them to keep current too.

Anatomy is in the ASHCSP Technician Manual. You need to know the terminology so as to fit the surgical instruments and equipment with the part of the body. An example could be the hardest for my technicians to understand is the urethral catheter, which goes to the bladder, and the urethral catheter, which goes to the kidney.

Microbiology and Infection Control knowledge can be acquired through time spent with your certified Infection Control practitioner. If you are current with the CDC guidelines and other standards you may be a resource to that person. Infection Control is important because the infection control starts in the decontamination area. If we can not stop infections there by thoroughly cleaning and disinfection then patients are very much at risk. Yes, I know hand-washing is very important, but I am referring to instruments and reusable equipment.

You are the sum of your experiences. Something you learned your first day as manager in Central Service may be a test question choice on the Manager's test. So, you will know the right answer and will put it on your answer sheet. The test is based on your practical experience on the job as well as the regulations and human resources that you deal with on a daily basis.

Continued

How do you eat an elephant? (Remember, you must start somewhere). The answer, by the way, is "One bite of elephant at a time". Don't get flustered if the test is long or you don't know some of the answers. You can do it! You can do it! YOU CAN DO IT!!! The test measures things that you certainly know (or can correctly guess), so your rationale at this point should be "bring on the CS Manager's Test and let me shine!"

Follow all directions at the beginning of the testing session, which are given by the test proctor. Many people fail on any test that has taken by not doing this. Follow the rules about security and what can be brought into the testing room. Stay within the dots on the answer sheet and do not put stray marks on the answer sheet. This can negate your good answers.

Read each question slowly and with thought. Some questions are worded as paragraphs, while others are just one line with answers. Some seem to have just statements before the answers. Read each one as if it is the only question on the sheet.

I did start to panic at one point. What I did was (with permission of the proctor) walked around the room, went to the rest room, took several swallows of coffee and then went back to test taking. Don't let the test get the better of you; don't let it play games with your mind. Think! Think about what is done at the national level not just in your neck of the woods. Think "I am going to pass."

Work some of the answers in your mind and use an educated guess if you do not know the answer for sure. Another trick I use is to think of the answer right after I read the question. Then I try to find the answer in the group of answers. If it is not there, then I pick one that seems to be reasonable or close to what is there.

First impressions for answer choices are often correct. Be careful not to change your answer on a whim, because often a changed answer turns out to be wrong and the first choice had been right. The national testing companies are well aware of this, and whenever they publish books on what to study for their particular test, they caution prospective test-takers to be very careful not to change any answer without a good reason.

If you are well prepared you can pass this test. Don't fool yourself in thinking it is a breeze. Keep calm: don't panic. Pray for Divine intervention. Even if you do not pass it this time you can retake the test. I plan to keep up my CE's so I don't have to ever take it again. The same goes for Nursing State boards. Good Luck!

**PASSING THE CBSPD
MANAGER EXAM
Chris Voorhees, CSPDM**

I am so very proud to be one of New Jersey's certified managers in Sterile Processing and Distribution. I feel like the certification validates all that we do each and every day. For many years the leadership of the New Jersey Healthcare Central Service Association discussed the need for certification in our profession and were encouraging our staff to get

certified. Courses were offered and we worked with the State Department of Health to get our profession recognized by requiring certification. I took the technician exam with my staff many years ago and thought my job was done. Then there was a surprise! AMMI and the NJ State Department of Health began requiring certification at the manager level for managers. Wow, it was scary. I had challenged the manager exam about 1 ½ years ago and failed by 2 points. I hadn't really told many folks about failing, I had reviewed the material and practiced the test questions in one resource guide but I don't think I was truly prepared. Then as it became a requirement for our job, it was time to get serious.



Now, everyone knew I was going to take the test (friends, family and my boss, just a little pressure!) I took a course offered by Nancy Chobin in Atlantic City and I used the study guide to review all of the sections. I felt much better prepared. The test is challenging, the questions have many correct answers. You have to stop and think what are the best answers and the answer that would apply to most situations not just the situation in your hospital. I encourage all managers to step up to the plate and get certified. You will not regret it. It gives you creditability as a professional and respect among other leaders in our hospitals.

**BERTHA LITSKY-EDUCATOR
FOR STERILIZATION PRACTICES - DIES**

Amherst - Bertha Yanis (Meade) Litsky, 84, an internationally renowned pioneer in the field of hospital infection control, died Nov. 8, 2004. Mrs. Litsky helped establish bacteriological standards for hospitals, applying practical applications of microbiology principles and methods for the prevention of cross-infection in the hospital environment. She worked as a research assistant at the University of Massachusetts at Amherst, where she maintained a microbiology laboratory in the Department of Environmental Science.

Mrs. Litsky's standards of contamination control have been applied around the world, said a longtime friend and colleague, UMass Public Health Department professor emeritus Jesse Ortiz. In great demand as a lecturer internationally, Mrs. Litsky was known for her colorful and entertaining teaching style. Mr. Ortiz said she traveled the world lecturing about the prevention of contamination in hospitals, nursing homes and restaurants. Her specialty was operating room sterility control, Mr. Ortiz said.

At the end of a lecture, she would caution her audience that "a contaminated surface is as dangerous as a gun," Mr. Ortiz recalled. She would then pull out a starter pistol and, without warning, fire it. "People would jump. She surely did make her point," Mr. Ortiz said.

Continued

She also often used marionettes dressed as bacteria and rubber chickens to drive home her point about the danger of contamination, said her daughter, Rosalind Yanishevsky, of Colrain, who sometimes helped her mother as a puppeteer. "She definitely left an impression," Ms. Yanishevsky said.

Born Jan. 2, 1920, in Chester, Pa., she was the daughter of the late Edward and Hariette Meade. She received a bachelor's degree in 1942 from Philadelphia College of Pharmacy and Science; a master's degree in public administration in 1964 from New York University in New York City, and a doctorate in education in 1974 from Walden University in Florida. She moved 40 years ago to Amherst.

Mrs. Litsky was the author of more than 100 publications, including two books, "Hospital Sanitation: An Administrative Program" and "Food Service Sanitation." She was a member of several professional organizations, including the American Public Health Association and the American Society of Microbiologists, and received numerous awards as an international educator and scientific sleuth.

She was an active volunteer at the Dakin Animal Shelter in Leverett and Angell Memorial Hospital, a veterinary hospital in Springfield, which she helped design, applying her expertise in sterility control. She was also a member of the MSPCA-Angell Western New England Advisory Committee. She was an accomplished painter and had several showings of her work. Her husband, Warren Litsky, died in 1995.

Besides her daughter Rosalind, she leaves a daughter, Dr. Libby Nesvold, of Mendham, N.J.; two grandchildren; and a great-granddaughter. A brother, Arnold Schulman, died earlier.



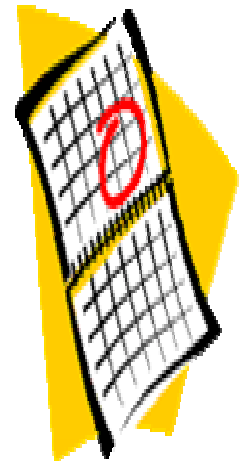
**2005
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EXAM DATES AND
APPLICATION DEAD-
LINES**

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Application Deadline
MARCH 11

2nd Administration Date
OCTOBER 22

Application Deadline
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