The dos and don’ts of cross-training

By Anne Beall, BS, MT

As a medical technologist, chances are you (like me) are probably over 40, have been working in the field 15 to 20 years, and have probably been at your current job five years. Yes, over those years, we have trained on many different pieces of equipment. Yes, we have learned new procedures. Yes, we have even learned new LIS (laboratory information systems) software. And, yes, we have probably been the trainers on many occasions.

So, with all that experience, why do the words “cross-training” make us run the other way? Why does the idea of cross-training in another area of the laboratory create such struggle within us? Maybe it is because we spend too much time focusing on the “fear” of cross-training instead of the “opportunity” cross-training can bring.

The basics of cross-training

The average age of a medical technologist is 50. It is a sad state of affairs when the rate of retiring medical technologists is much greater than the rate of incoming newly graduated medical technologists. It is even sadder when articles in some medical laboratory publications focus on making laboratory space more user-friendly to older wheelchair-bound lab workers. As the workforce ages, laboratories are also plagued with increased medical disabilities, long-term illnesses, and disabilities of loved ones for whom many of us are responsible to care.

The question is, how do we as laboratory directors, managers, and supervisors plan for those staffing shortages? Overtime (OT) is not always the answer; overtime frequently stresses the limited resources we already have. We must explore the idea of cross-training. Cross-training of laboratory personnel allows for a more flexible staff, a more flexible schedule, and a more skilled work force. Cross-training reduces overtime, reduces workload in already overworked areas, and builds a sense of a laboratory “team” that can boost both morale and employee satisfaction.

Cross-training allows a laboratory to shift workload from one department to another, from one shift to another, and even to have more varied shifts than the traditional eight-hour shifts: 7-3:30, 3-11:30, and 11-7:30. Additionally, cross-training allows the laboratory to function more efficiently because the staff members are not limited to the duties or tasks they have been trained to perform. During a crisis, an emergency, or even a disaster, a cross-trained staff does not limit the capabilities of the laboratory. Furthermore, a cross-trained staff can significantly reduce the need for additional staff or reduce the amount of overtime required of the staff because — with cross-training — there are not limitations as to what they can do in the laboratory. Here are some tips on what does and what does not work when it comes to cross-training.

Developing a cross-training plan

Review the existing limitations of your staff. Whether those limitations include license restrictions or level of education, create a chart with the following:

- name of personnel;
- areas covered under licenses;
- areas of current experience; and
- areas of past experience.

Identify which area of your laboratory would benefit the most from cross-training, already has the most cross-trained staff, and would require the most effort.

Identify in each section of your laboratory the areas or workstations that generally require coverage by staff. (A great starting point is usually your training checklist or your annual competency list.) In hematology, you may have three areas that are generally staffed: automated cell counter, coagulation, and manual testing.

Develop a plan incorporating the following: How long would it take the average staff member to train on each of the sections identified? In the hematology example, it may take one week to train on the first section, one week on the second section, and two weeks on the third section, for a total of four weeks. Identify the number of staff that require training in the hematology section and total the amount of hours to get this accomplished. A quick review of the OT hours budgeted, and the hours dedicated to coverage for medical disabilities and long-term illnesses will probably show a positive alternative.
Discuss the plan with the staff. Show them the benefits of your plan; show them what those benefits are to them. Do some change-management training and involve your human resource department. Make sure that you have support from your organization since change is difficult for most people to manage. Make change fun. Create incentives in your job descriptions for cross-trained personnel. Set up a “cross-trained employees” board so that your staff can see the progress being made, and give recognition to those accomplishing the tasks.

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Things that do not work well

Do not cross-train in just one department. This only sets up bad feelings from both sides of the staff. Although your plan may start with and affect only one area or shift, be sure that the plan involves opportunity for everyone to participate.

Most staff can be categorized into three groups: the “A” players, the “B” players, and the “C” players. You should already know who those players are. “A” players will be encouraged and engaged in this new plan, while the “B” players will eventually team up with the “A” players and participate. The “C” players most likely will not be interested in participating, although they should be encouraged to try.

Do not start a cross-training program, then stop because it gets rough. The timeline can always be changed or modified, as can the plan or even the staff next up on the cross-training list. Keep the program working, flexible, and dynamic. Stop cross-training, and you will lose.

Helpful tips to know

Among the “dos and don’ts” of cross-training, several other tips may come in handy. Be specific as to the expectation or level of how much cross-training is to be done in each area. Identify which tasks or workstations can be included in the cross-training while maintaining areas of expertise.

Specific areas in the laboratory may require certain levels of expertise. Specimen processing in microbiology can be done by medical technologists of many different levels of expertise, for example; however, interpreting antibiotic-resistance mechanisms requires a higher level of experience and knowledge. Performing urine dip sticks and urine microscopic does not require a high level of experience. In hematology, for instance, most med techs can be trained to report out manual differentials and differentiate the normal from the abnormal; however, a different level of experience is needed for reporting the abnormals.

Develop a rotation schedule so that cross-trained staff can retain a level of competence in those areas. It is not reasonable to expect every cross-trained staff member to learn all functions and maintain competence without ongoing practice.

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