Hey, everyone. We’re going to give additional participants just a few more minutes to join and then we’ll go ahead and get started. Thanks for joining us today.

All right. Well, we can go ahead and get started. My name is Johanzynn Gatewood. And I’m stepping in today for Chelsea Parsons. I’m a public health advisor supporting CDC’s OneLab Initiative.

A couple of things about today’s webinar before we dive in. If you’re having any technical issues throughout, feel free to email the OneLab inbox for support at onelab@cdc.gov. Again, that is onelab@cdc.gov. We’re going to post the link to the live captions in the chat but please be sure to keep both the captions window open if you use it in addition to this Zoom meeting.

All right. So today’s session is an open forum style. You will have the opportunity to come off mute and discuss an array of laboratory related topics. This time is for you to connect with peers and discuss current and future challenges, success stories, and any relevant topics you’d like to raise in this forum. We’ve also have a chat open for questions, comments, and further discussion. Next slide.

All right. So today we will be discussing new OneLab resources and then we’ll open the floor for our OneLab open forum. And this will allow for all of our members to discuss possible laboratory training and education needs or materials. And now I’ll turn it over to our OneLab Network lead, Dr. Alicia Branch, to share some of our new and relevant resources. Over to you, Alicia.

Thank you, Johanzynn. As Johanzynn stated, I will discuss some of our OneLab resources. I would like to direct everyone to the OneLab Rapid Education and Capacity Building hub or REACH. It’s a targeted and customized learning management system for laboratory professionals. You can consider it like your one stop shop for all relevant laboratory resources as far as various formats like videos, downloadable printable job aids, and including full courses that also include PACE credit. If you have any questions after today’s session, you can always email us at OneLab. It should be in the chat.

As stated, this is an open format so feel free to jump in, provide any kind of feedback you would like to provide. However, we would like for you to really be respectful of others, their time, their questions that they may have, as well as we would like for everyone to remain muted unless you are speaking. I’m not sure if the Raise Your Hand function is actually working. Did we test it and make sure it is working?

Yes, Alicia. It’s working.

OK. Just want to make sure. Again, if you have any questions or technical issues, feel free to email us at onelab@cdc.gov. Again, that’s onelab@cdc.gov.

We will use today’s session as an opportunity for our members to discuss experiences, challenges, success you may be facing. So again, definitely don’t be shy because if you don’t provide us the information that could be useful for not just only us but also for your colleagues that are out in the working community. So again, as I say, feel free to just raise your hand. Be respectful of others. And I would like to take this time to go ahead and get started so that everybody can use this opportunity to share.

And we already have a few questions that are coming up in the chat. I am currently using the TRAIN CDC modules for microbiology classes. Should I change over and use the OneLab REACH website instead of TRAIN? Is the materials the same or different on these two sites?

So I would say that not all of the courses that are on TRAIN are on REACH so there may be a few as we migrate some of them over to REACH that you still have to go ahead and use TRAIN.

And just an add on to that response too– and you might be wondering why the switch from TRAIN to REACH. And REACH is really being developed and built as a platform specifically for laboratory professionals. So we’re trying to make it a hub specific to you.

So rather than going to another site where there’s all sorts of trainings and you kind of have to search around to find one, REACH is going to be a hub specifically for the clinical laboratory environment. And we’ll also be hosting an array of resources, and job aids, and some other cool features that will be coming down the line. So if you don’t have a REACH account, I definitely suggest checking it out and signing up.

Thank you, Chelsea. So I will open it up to allow anyone to talk about any of their training challenges that they may have faced this past year. And I’m sure there’s some out there so feel free to raise your hand, come off mute, and discuss with your colleagues about some of your challenges.

We had a new batch of employees that we needed to do packing and shipping training. And the packing and shipping is a long training, along with needing security training. And the CDC website didn’t offer all of that, but as someone else just mentioned, I use– the Train, CDC Train resource as well. And I think that I was eligible to use that through working for a hospital that worked with our state lab, but I don’t know that they were able to sign up through that. So that was something a little– we had to work through it.

And then, another challenge we had with that was the final quiz at the end that allows them to get their certificates is not working. And so for the last several months, if they passed the quiz at the end, they’ve just been printscreening and emailing and requesting a certificate. So there’s always some technical issues here and there.

Yes, but I’ll also add that that certificate that they receive at the end of that course, now, it’s just a certificate to say that they have passed that course. It is not to certify them to pack and ship. So I do want to stress that.

Yes, that’s part of the training.

Right, yes. So if you do continue to have some issues, one of the things is that that course was up for renewal, and we actually took it– it came down for a little while for us to make some updates to it, and then it was reloaded. And it’s a fairly long course, too.

Does anyone else want to come off of mute and talk about some of their training challenges? I don’t know, packing and shipping is always one of those challenges for laboratories because typically, you only have one person who’s actually certified or has had the training, and then they’re responsible for training other people on top of all of their other duties.

Hi, my name is Cheryl Peyton. I’m from the Arizona Department of Health Services. I work in the chemistry department. Some of the training challenges that we’ve faced is we’ve lost a lot of our chemists that have been here for a really long time. So all of our staff is new– I mean, like less than two years have been in the laboratory– and it’s made it really hard to train everybody because we have to train multiple people on each method, and just how much time it takes to train somebody, and then not all the knowledge is necessarily there because they’re also new. So yeah, it’s been really hard trying to get everybody trained and up to speed with everything in our lab, just having everybody being so new.

I would like to open it up to someone else. Maybe someone else has had a similar issue and they have a resolution to the issue that Cheryl just spoke of.

Hi. I used to be in Arizona I used to work at Good Sam, which I think is called something else now, so hi.

Hi.

At Good Sam– I think it’s Banner University Medical Center now– I was a training coordinator there. And we used to make training checklists. I know everybody probably does this training checklist thing, but it was nice because we made it modular so that if there was a training that you always do for somebody at the very start, like maybe safety– so you have safety. So we had a safety training for a level 1 person, and then we had safety training for a level 2 person.

So every time you gained knowledge in their job, they moved up to another level of training checklist, which is a whole other extra set of things to know. And so maybe just being really organized in how you’re training your new people. That way you don’t miss anything. But things fall through the cracks.

You sit next to somebody. You’re learning what they’re doing as they’re doing it. But one tech might tell them something else, and the next training tech might assume that the first one told them something. So I highly recommend training checklists.

It keeps it really organized. You know that there’s nothing falling through the cracks. And it also gives your new people a sense of knowing how far along they are. They see a big, empty training checklist, they know they’ve got a little ways to go, or they can see the light at the end of the tunnel.

But everybody always has that turnover thing where there’s just so much to in a lab setting. Any new person is a lot of time and commitment by the employer. So that’s what I recommend.

OK, thank you.

Is there anyone else that want to discuss any of their challenges?

So I’m seeing some stuff in the chat, Alicia, and it looks like there are questions about creating viable training for new analyzers– that has been a challenge– and training of the trainer resources for packing and shipping are some things that I’m seeing in here.

Yeah, I was going to get to the– I was saving the packing and shipping to later. I’ll go ahead and address the one about the VR, having some of the VR information in REACH. And yes, we are working on an actual VR platform to be in reach.

So if we don’t have anyone else who wants to come off mute to talk about any of their challenges and the lessons they’ve learned this year, I’ll go ahead and address some of the questions about the packing and shipping. When it comes to certification, your facility or your institution, wherever you work, they’re the ones who are responsible for certifying you. And typically, you only need certification in terms of regulatory if you are actually shipping a category A substance.

But the great thing is that we’ll actually– if you join us next month, we’ll actually have DOT who’s going to come on and talk about how you actually set up your Hazmat program. So you would actually go– they will actually walk you through a document that they actually have, and you will learn how to actually set up your Hazmat program. And this will be really helpful for you in terms of having that pack and shipping and creating a certification program for your actual institution. So that makes sure you’re cover everything that you would need to know, everyone needs to know. So I would highly recommend that you join us for next month’s OneLab network event.

So we have a questionnaire, creating a viable training for new analyzers has been challenging. And I would like for someone who has had this, has experience with this, or have had a challenge with it as well, and they actually have some lessons learned and things that they’ve actually created to remedy their actual issue. And I don’t want Laura and Cheryl to be our driving force for conversation. And I’m sure that there are several of you on here. If you’ve worked in a lab, you’ve ran into some of these issues. And it may not just be about the new analyzer. It could be about a another piece of equipment that you actually have worked through your issue.

Hi, my name is Gretchen Anderson, and I’m up in Portland, Oregon and work at a health system up there in their labs. I would say for creating viable training for a new analyzer, reach out to the vendor. They have– I mean, they’re the experts on the analyzer. They should have something available to help guide you in creating a viable training for it.

Thank you, Gretchen. Let’s see. Is there anyone else who wants to talk about some of their training issues and some lessons learned before we move on?

This is Cheryl again. I was going to jump in.

Yeah, just to kind of piggyback off of what Gretchen said, all of the vendors, I mean, you can buy training. So you can buy application training to have somebody from the vendors come out and train you, which is what we’ve been doing because we’ve lost like all of the in-house knowledge. We’ve just been trying it.

And I know not everybody, probably, has the money to purchase training. But at least if you could get somebody to come on site once and have them do application training, just making sure to document everything– like take really good notes, make sure to type everything up. A lot of times, they have some kind of manuals that they can give you to help you get through the training.

And I know we have a very specific training we have to do to bring– for our to get signed off. So they have to watch somebody go through the training, then you have somebody watch you, and then you do it by yourself. So there’s a lot of– I think that’s part of the CLIA requirements anyway. But yeah, I’d say get an application specialist to come on site to do the vendor training.

Thank you, Cheryl.

I would share, but you shut me down.

So I’ll let you talk since no one else is speaking up.

If the people that had the knowledge are gone, they might be willing to come back like a volunteer or even as a consultant, just for training purposes. A lot of times, people still like training. They just didn’t like all the other parts of the job– or maybe they were just retirement age, is what we’re seeing. But so that’s one thing you can do.

If it’s a new instrument, you absolutely have to have a manual for a new instrument. So I mean, you probably already are doing this, but have your procedure written first. Don’t even try to train until the person in charge of the lab actually knows what the manual says because that’ll answer a ton of questions. It’s unbelievable how much you learn when you just actually read the procedure.

And then, obviously, I said, training checklist before. The same thing here. But if you don’t already, definitely use that train the trainer approach somebody else mentioned. You just need one super user. You just need one person who’s really good and actually knows what they’re doing, and then they will facilitate training and also be the resource for the questions for your people that you’re training new. So I recommend those pieces.

You do have to find at least one person who knows what they’re doing– whether that’s in the community, or, like she said, hiring, or internally.

Well, and sometimes you can look at the contracts and see if there’s slots or seats available to send people to training if they’re not coming out to train, send your staff member to the training, to be that primary operator. That’s another option we’ve had in the past. If that primary operator, say, has left, there might be an option either send them or say to the vendor, come back for on site training.

OK, so let’s move on. Let’s talk about some, not just– we don’t always want to focus on the challenges. Let’s talk about some helpful resources that you’ve encountered or used this past year. Does anybody want to talk about some helpful resources that they’ve had, they’ve found, that they’ve used, that they think that it would be great for other labs to know about that they may not know about?

Hi, yeah, my name is Tyler. I think one great resource is MediaLab. MediaLab has been really integral in putting all of our SOPs into one place, and also putting in training regimens. It’s where we go to sign off on SOPs every year, and it’s where we go to train for different topics. So that’s one thing I invite other labs to take consideration into.

That’s good. Does anyone else have anything?

 Oh, I was just going to say, if you are interested in doing e-learning and stuff, Articulate 360 is an awesome program that is very engaging for learners. So that’s something to look at if you have e-learning options available.

Is there anyone else who wants to share? Thank you, Tyler and Gretchen.

I’m not sure, I guess, what the different laboratories or people that are here, but I know the Association of Public Health Laboratories, APHL, offers a lot of training opportunities. I think that’s them. Yeah, I think Stormy in the chat just said the same thing.

And then, I know also instrumentation, a lot of the vendors– so like Agilent, PerkinElmer, Thermo– they put on a lot of webinars or conferences that people can attend. And really, anybody can go to those.

I have a question that’s in the chat, and maybe someone could help out. Are there opportunities for mentorship for tracing laboratory personnel in growing countries like Nigeria? A lot of gaps to fill among lab personnel. Does anyone know of anything that may be useful internationally as well or may be able to provide some type of mentorship.

This is Kathryn Wangsness in Arizona, also at the state lab. And I know that some organizations have twinning programs for global partners. And so– or basically, you have your sister laboratory that you connect with, and you help each other out. And so I know that there are programs out there. I think APHL has one. I feel like some other organizations do that, and you can partner up and with a laboratory and then work with them to help them out with their training needs.

And Kathryn, what about the fellowships? Are those the same things?

Well, fellowships are more like people that are either recent graduates, or they are going for higher-level degrees. But I would say not only APHL, which we’re member lab of, but also a number of other organizations– whether it’s clinical, or environmental, or food– a lot of these groups have fellowship opportunities, or internship opportunities, or things like that that would potentially– we’ve had a number of interns and fellows that we bring on board to teach them about what it is that we do, show them some of the things that are out there. So we’re fine with that.

So that’s definitely very helpful. And then, if somebody’s interested, then you onboard them into a position, and you’re able to help grow that person. I mean, so that’s an opportunity for having newer people or people that are doing career changes. We’ve had people that went off and did one thing and then decided they really wanted to do something else. And having them in a fellowship or whatever helps get them that experience they need to do that. Sorry, that was a mumble, but yes.

No, thank you. So let’s talk about some helpful ways for the learners– I know that someone mentioned VR, about having– if we’re going to have the VR platform in reach. So I know not everyone is tech-savvy, so I’d like to hear some of the helpful things that you found when you’re actually doing training since a lot of labs have had a huge turnover. What have you found that really works for your learners– whether it be the VR, that you see that it’s useful, or some people just kind of like the old way of just let’s sit, and let’s walk through this, take a day, and we’re going to work on this, and it’s more of a paper form?

Hi, this is Megan Crumpler from Orange County, California. I’m a laboratory director here, and I also work very closely with APHL. And thank you for those who have brought up those trainings and all the work that they do to help with workforce development.

So as far as the VR training goes, I really think that– we’re still waiting for our VR headsets to come. But as soon as they do, we plan on using them for our staff here to do some of the biosafety cabinet trainings and those. I think that we’re still at the point where we can’t move everything only over to VR, and so I think having both, maybe, an online PC-based training and VR trainings for certain tasks and for certain trainings will still be necessary.

But what I have heard from those that have taken the VR training is that they’re extremely valuable and put things into almost like you’re working in real life, as opposed to just watching some slides on a computer screen. So we’re really excited about that.

And our STD sub-committee under APHL, it’s one of the things we’re considering. We’ve had some requests from CDC for, for example, like bench microbiologist training for things like syphilis RPR. And we’re hoping that we’re able to develop a virtual type of training and transition that, also, to expand to a VR training for that, because there is a component of actually being able to or needing to do something– say tilting your cards or to read the cards of syphilis training, or syphilis RPR, that I think would be really beneficial.

So we’re working closely. I see Cathy Johnson is on here from APHL, and so we’re working closely with both CDC and APHL to try to develop this type of training on a VR platform within the next year.

Great, so I’m glad to hear that you look forward for the VR. And I see that there were a couple of people in the chat found that the VR training was beneficial. Is there anyone else that wants to share about some of the things that they found that work for their new personnel?

I’m sorry. Hi, this is Megan again. I forgot to say, I think that the VR trainings also will help with the newer generation because they think it’s cool. I mean, my kids are like, oh my gosh, you’re getting VR headsets at work? I’m like, yeah, you want to come learn how to work in a VSC? So they think it’s very cool.

But obviously, we have multigenerational workforces. And some will really appreciate working with the VR, and some want a more traditional training. So I think there will be a transition, but I believe that this is where we are headed. So I wanted to bring that up about the younger generation. I think they’re going to just think it’s very cool, or trippy, or whatever– whatever the slang is right now.

The slang is?

 Yeah.

 Yeah, so I mean I have a VR headset, and I actually had to have my son set it up for me because I had no clue how to set it up. So yeah, and their own phones, and they’re more techie than– I’m a tech-savvy kind of person when it comes to computers and databases and those kind of things. But yeah, this was a little bit out of my league.

I think that someone’s going to come on.

Oh, sorry. This is Kathryn. So I would say that I do still feel– I do agree with the multigenerational comment and things like that. And I do have to say, as much as VR sounds really cool, I cannot take VR training at all. I get super motion sick with that kind of stuff. So as cool as it sounds, I’ve not been able to do it. So I still have to do things the old-fashioned way.

So we do have some people where we’re more likely to still be doing more– I wouldn’t call it “paper,” but definitely more like the video or even PowerPoint, reading, and things like that. I have heard from some people, even some of the younger staff, they like the mix of being able to do some stuff on their own, but certain topics, they definitely want more of that hands-on where somebody is sitting with them, and talking it through, and explaining it. So I think sometimes, yeah, the more traditional kind of training that people are used to, I think they– and I don’t know if it’s just that right now, because we’ve been so virtual the last three years, that people are missing those connections and they want a little more that face time.

But I mean, they definitely like the video training. I know there’s been a lot of buzz about the VR. So I think that’s very helpful.

I just wanted to bring up the motion sick thing, though, because I cannot watch point of view– I can’t play video games. I can’t watch point of view movies, and I can’t do VR because otherwise, I’m sick. So it’s so cool, and so great, but I need– I need them more just– make it a little more stable for me.

Yeah, I understand completely. I understand. I’ve actually sat down and used it. So you would say that there should be a healthy balance between the two?

 Yes.

I agree with her that hands-on is super, super important. We have a lot of staff now that seem to have come from medtech programs that were online, and there’s just a huge difference in the knowledge of the people who had online medtech programs versus in a hospital or in an a lab doing wet work. Even though I know a lot of identifications in microbiology– now we’re all MALDI-TOF, you just know how to throw it on an instrument– it still helps to know what you’re doing.

And so I feel like– maybe I’m wrong, but I feel like a lot of the people in the lab, they just like hands-on science. That’s what drew them to this field. And so although everybody in our area uses online training, for sure, I feel like nobody feels like they really know it until they get it in their hands and do it. So I think that that hands-on piece is incredibly important. I haven’t had any VR experience working with VR, but I feel like that’s awesome. I’m excited to see that, because that hands-on piece is super, super important.

Megan?

Hi, yeah, me again. You’ll have to shut me up.

No, it’s fine. No, no.

But I completely agree with you about the hands-on training because I think that it’s critical. Where the VR or any type of virtual training, where it does fill a gap, is it meets some of our DEI initiatives. And so where the requests have actually come for, say, like I was talking about, the syphilis RPR training, is actually from our global health partners because they don’t have anybody to come and train them how to do RPR on the bench. And so they feel like this would be very valuable in some places that are resource-poor, to be able to have this training available to them.

Another one that we’re going to focus on related to STDs, again, is dark field. And in the US, there’s only one training entity in the entire US for syphilis dark fields. And I know it’s a dying art that isn’t done, but we still do it here in our lab, and our STD controller finds it very valuable. And so that’s– and that’s also a request from our global health partners, is for dark field training, and for the same reasons. They don’t have anyone to train them. And so this is better than nothing if you cannot get that live bench training.

Great.

If we have someone else that wants to share?

Someone with a baby is not muted.

Yeah, I wasn’t sure if you wanted to come off mute and say something.

I wanted to just add– so somebody in the chat had put, making sure that SOPs had lots of detailed pictures. I know that’s something that we’ve had to work on, just because the previous generation of chemists had worked here for like 20 years. So like a lot of what they were doing was in their head and not necessarily on paper.

Yes.

And so we’ve definitely been having to update all of our SOPs with a lot more information so that if we do continue to have a lot of turnover, at least everything is actually documented in the SOP, and then people can follow that instead of just trying to fumble through it.

Yeah, so if it’s not written, it didn’t occur. So–

Yeah. But yeah, and I mean, we’ve definitely been putting a lot more pictures, like screenshots of like the software, so that it’s easier for people to find things, even within the software.

Yeah, SOPs are a big one, and keeping them up to date when you have so much to do and other things to do in the lab.

Yeah, I feel like we– like during the pandemic, because we were home telecommuting, we did update a lot of our SOPs, but there still wasn’t enough detail in them. So yeah, now we’re having to add even more detail.

Does anyone have any plans for some new training, education for any of their teams?

Like I mentioned, we use MALDI-TOF, and that’s all people know nowadays, newer people. But we found a need for, whenever that instrument is down, we need to do something. And so we revisited the CLSI guideline. Darn it, I think it’s M35. Don’t quote me, but it’s called “abbreviated identification methods.” And it’s literally three or four biochems that all take two hours or less to fully ID the most common pathogens. I’m talking about microbiology.

So resources like that we’re digging back into. And we definitely plan on doing some of that kind of training this year just as backup for when our instrumentation is down.

Does anyone else have any training that or education, or anticipated training and education for their teams?

I know I keep talking, but.

No, it’s fine. No, no, no, it’s still good because everyone gets an opportunity to hear what you have to say.

OK, so I know working in a laboratory, we’re always focused on the methods, instruments, and stuff. But recently, I decided I’m going to start making some other training mandatory, like mental health training. I know Kathryn Wangness. She’s actually my boss. But I think we’re both also really into doing the– is it Predictive Index? Is that what it is?

Yeah. The Predictive Index is a personality profile– I don’t know, something like that.

Yeah, and I think it’s really interesting to do that and see how, maybe, if you’re having issues with your manager or your staff, to see how you guys could better communicate. So doing more training that’s not just focused on the laboratory.

And I’m going to hop on after Cheryl. See, I have a wonderful staff!

But I completely agree with that because it’s like we’ve actually talked about grant training for some of the newer staff. I mean, we are so grant-dependent, but we don’t really push that training out to a lot of staff. And one of the other things that I was really thinking about is I also oversee– I used to oversee our quality assurance unit and actually oversee our laboratory licensing units. And they don’t necessarily need to know– they don’t need training on how to run the instrumentation and stuff. They need training on how to do the review, how to make sure that they’re doing the internal audits or the external audits, or how to communicate.

And “communicate” is such a generic word, but how do you interview people? How do you interview people so that you can get the answers you need? What do you do when people are confrontational? And a lot of those trainings are very important, also, to make sure that you are able to be respectful, but at the same time, get the information that you need to do your job.

So I really think there are levels of training needs. And as you get higher up in the management chain, you’re not necessarily on the bench anymore. And one of the things that I’ve really been thinking about is, I need quick trainings on the new technologies so I know what people are talking about sometimes. But you want to use your resources to send your bench staff who are actually going to be doing training, or pay for them to do the training. So I’ll be quiet now too.

No, no, no. Somebody else has to stand up. Monica?

Yeah, this is Monica Akre calling, and I am from JMichael Consulting. And I love where the discussion is going as far as using the laboratory structure and know-how of trainings and writing SOPs and using that in other areas like mental health. I just recently proposed a poster to the APHL conference about the BMBL risk reduction program for preventing laboratory-acquired burnout– which is a made-up disease, but we can say it’s real.

No, say it’s real.

Yeah, and I just wanted to give a shout out, and also encourage people to capture in SOPs the things they don’t think they need to or should write down, especially for onboarding– for example, LIMS SOPs and using work aids for use of the LIMS for, maybe, those strange samples that come in, and it’s like you do have to put a comment in, but it’s something that you only have to do once every three months or year. And so you have to wrack your brain about how to do it. Have those available for people so that it’s really easy.

We’re lab folks. We know how to create these resources. And we can use them.

Yes, absolutely. And yes, burnout does exist. So we’ll start kind of wrapping things up. Yes, I heard someone talk.

Oh, yeah, it’s Tyler again.

No, that’s fine, Tyler.

I just wanted to chime in and say that yes, burnout exists, I have it, and that’s why I am currently transitioning to public health. And I’m still going to be working closely with the lab. One thing that I wish that came from the SOPs was this trajectory of growth. And I feel that that should be something that should go into some trainings.

What are some things that you could do with a laboratory background? What are the things that management really needs in a laboratory? When you’re at the bench, you’re doing the grunt work. You have short staffing issues. There’s not a lot of time or effort, from all accounts– from management, from staff– to try and get these things accomplished. So I wish that more labs would spend time on these growth opportunities– taking an informatics class, applying laboratory to mental illness, so these kinds of things. People should branch out.

So could I get someone to speak that’s in a leadership position to address some of Tyler’s points that he made? Since you are sitting in a leadership position, I know someone just spoke about they are no longer at the bench, but it actually has its own different responsibilities. But you also feel like even though you’re not at the bench anymore, you need to have a better understanding of what your staff is doing because since their technology has changed and it continues to change. So I think that– could I get anybody to discuss, talk about it? Megan, go ahead.

Hi, this is Megan again. Following an assessment we had in the lab pre-pandemic– it was a lean assessment, actually. Katherine and Kathy were on site– one of the things that came out of that was each department and our lab has a daily huddle meeting. And as a laboratory director and a leader in the lab, I try to attend those as much as I can.

It’s some of them are at the same time, and so I don’t get to every one every day. I don’t I definitely don’t need to do that. But oftentimes when I do go to those huddles one it’s a presence of the director with it in the lab with my staff and talking with them in a very informal setting, and it allows me to see some of those intricacy– things that are happening within the department that I may not be aware of if I wasn’t out in the lab.

And there are many, many valuable things that have come out of our daily huddles, and my staff absolutely still love them five years later. But it’s just a very short, quick 10 minutes. You can pop in and say, hello, this is what’s going on. I can offer suggestions, or oftentimes I’m like, oh, why are we doing that? Oh, we can use this– because I know the umbrella of things that are going on in the lab, and I’m like, oh, this department is doing this. You should talk to them. And so I think that it really helps. So both my assistant lab director and myself, we tag-team and try to go to those throughout the week.

Great, does anybody else have anything that they would like to share?

This is Monica Akre again. And I think that the movement towards performance-based assessments for competencies that BSL-3 training has developed, and the CDC described, I believe, some other trainings as well that have a rubric at the base of the document to, at the beginning, you’re a beginner. You just have the– and so you can see your growth through those areas. And then, it would be a natural progression for that document to describe where you can get further proficiency. So I think if, we move towards performance-based assessments, that that would be a natural process.

Yes, that’s great. Tyler, so I hope you had your notebook ready and your pen and jotted down all these great ideas.

That was gold, thank you.

You’re welcome. So I’ll start wrapping things up with talking a little bit about health equity and workplace concerns about diversity and inclusion. So anybody have any account of any needs, you’ve encountered Issues? Since staff in the last three years has changed, you’ve had the turnover rate, are you facing any of those challenges with health equity or with workplace diversity and inclusion?

So I take it no one encountered that? Or would like to just kind of speak of speak about it, if you have a passion about it, or some concerns or issues?

So Tyler again.

It’s fine.

Our labs are in New Jersey, and we don’t have a dedicated licensor or program like New York does. So our lab has this requirement, we need to be ASCP certified. But we’ve begun to relax that position as we’re having staffing challenges. And it has introduced a lot more people from different backgrounds– ones from forensic backgrounds, from higher conglomerate labs.

And I’ve got to say, the training isn’t always there, and it’s been a big gap trying to get them up to speed in our fast-paced lab. So those are the problems we have. A lot more people from different backgrounds are coming in, and that’s amazing, getting different perspectives. At the same time, they don’t have the same experience as someone coming fresh out of medical technology school or any kind of other training program.

Thanks, Tyler. Does anyone else have anything they would like to share?

I agree with Tyler we have people in our lab now that are not medtech trained, and we are definitely having to deal with those gaps. And it’s not simple because the gaps are not all the same. If you have somebody with just a general bio background and they’re working in micro, they have a lot covered already. You just have to cover just the micro piece. But if you have somebody coming from environmental science into the micro lab, there’s a lot more to cover about pathogens and your normal flora. So I agree with him– the diversity I’m seeing is in people’s training.

Thank you. So we’ll go ahead and wrap things up. I really appreciate everyone joining today and providing their feedback. It was a great discussion, and I hope everybody was able to at least gather one or two things from today’s session.

I would like to highlight our upcoming OneLab Network event. It’s going to occur on February 27 at 12:00 noon Eastern Standard Time, and it will be with the US Department of Transportation. And again, they were actually– they’re going to discuss their how to implement a Hazmat program, and this will be really helpful for those who have the questions about the packing and shipping certification or your institution creating a program.

So I encourage everyone that’s on this call who had those questions, and those who don’t have the questions but you just need to make sure that you do have a Hazmat program that is very useful for your team, since a lot of you have had a huge turnover rate in the last couple of years . I think the invite and registration would be coming soon. We typically would have it in the actual link, but today, we do not. So I encourage you to look for that in the next coming weeks, and again, I’d like to remind you that for the presentation for today will take probably about two weeks before it’s loaded on OneLab.

So you would go to www.cdc.gov/onelab. Again, please, give us at least two weeks to upload everything. Sometimes it may take a little bit longer. Everybody understands about technology. So again, I encourage you to look for that email for next month’s event– it’s February 27.

And I’d also like to tie in there that we will be also hosting a train the trainer for packing and shipping in April. And we could actually provide more information about that in next week and next month’s OneLab Network event. Again, I would like to say again, thank you all for being engaged, and I look forward to seeing you next month and our next OneLab of the network event.

Thank you so much.

Thank you.

You’re welcome.

Bye. Thank you. This was awesome.