



# Newsletter

Spring 2008



Delivering *high quality* healthcare requires *highly qualified* people

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## Volunteer Services Directors Launch New CAVS Examination

On April 1, volunteer services professionals in healthcare gained access to the healthcare industry's premier certification process when the new Certified Administrator of Volunteer Services (CAVS) Program was launched. CAVS joined professionals in four other areas of healthcare for which Certification Examinations are administered by the American Hospital Association Certification Center (AHA- CC) – environmental services, facility management, resource and materials management and risk management.



Michelle Caruso, chair, CAVS Certification Program Committee  
*Photos courtesy of Michelle Caruso*

The CAVS certification process became part of the AHA-CC on January 1. A certification program was originally established by the American Society of Directors of Volunteer Services (ASDVS) in 2000, but that credential could only claim ASDVS (now the Association for Healthcare Volunteer Resource Professionals – AHVRP) as the certifying agency. The ASDVS examination was the result of a 1998 survey by the society that demonstrated that 75% of membership wanted national certification. Margie Oldehoef and Mary McCormack, CAVS, were co-chairs of the first certification committee, and the first exam was administered in Orlando in 2000. The ASDVS exam was evaluated by a sole psychometrician. While it provided a certain guarantee of mastery of a well-defined body of knowledge, the step up to AHA-CC guarantees even greater validity and recognition for certificants.

"It was a huge undertaking to make the shift to the AHA-CC," said Caruso. The transition was made a bit easier by their "first real coup: AHA-CC agreed to administer the (ASDVS) exam until a new Examination could be developed. It suggests a very good foundation. With help from Applied Measurement Professionals, Inc. (AMP) and the AHA-CC, the new CAVS Examination will be even better."

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*Caruso: It was a huge undertaking to make the shift to the AHA-CC.*  
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The new Examination is being developed and will debut on September 4, 2008, during the AHVRP annual conference. The new Examination is based on the work of subject-matter experts who received training in the art

of item writing and then developed over 250 new test items, and the CAVS Certification Program Committee, which reviews, refines and rewrites the items as necessary, and establishes a preliminary minimum passing score for the Examination. The Committee is working with the AHA-CC and AMP to determine which test items will appear on the new Examination.

The 110-item, multiple-choice Examination tests candidates in six content areas: planning and program development; management of human resources; finance; organization and management of services; outreach, advocacy and public relations; and professional development. The Examination is based on a job analysis that determined the areas of responsibility that a volunteer services administrator encounters from day-to-day. The percentage of test items for a particular content area depends on the importance of the content area to competent performance as an administrator of healthcare volunteer services. "Management of human resources" is at the top of the list. A unique aspect of the CAVS professional's duties is that the majority of the "human resources" are volunteers, not paid staff.

Access to a computer-based version of the CAVS Examination through more than 170 AMP test sites in the US is "a huge plus" said Caruso. In the past, ASDVS candidates had to go to the society's state or national conference to test, which limited participation due to budget cuts and limited travel. "Now more candidates will have easier access, because there's at least one AMP test site in each state." She expects this to bring about a significant increase in the number of CAVS.

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**Fee Schedule for CAVS Examination**

Member of AHVRP or other AHA Personal Membership Group	<b>\$275</b>
Non-member	<b>\$425</b>
Re-scheduling Fee	<b>\$100</b>

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"Our ultimate goal," said Caruso, "is recognition that will be supported by the C Suite," the decision-makers in charge of the healthcare systems. There are some small signs of that recognition among her peers. A CAVS who was given a raise upon successful completion of the exam is an example of such a "small sign." There are also internal and external rewards. Recognition as an "elite person" in healthcare volunteerism is one. But there's another form of recognition that makes every day worthwhile. It comes from the ability to identify and place ("manage the human resources") paid staff and volunteers who are able to help bring the human touch to the hospital experience. It happens when a volunteer who encounters someone who is upset, walks with the person and that individual begins to smile. Or someone they've helped exclaims. "Oh, volunteers are so wonderful. I don't know how I'd make it without them." No examination can measure the effect of these human responses.

## Complex Communities Challenge CAVS' Capacities



Volunteers Margery MacMillan and Hellen Simmons (left to right) staff the information desk at Jordan Hospital in Plymouth Massachusetts.

The difficulty with measuring the expertise and the competence of healthcare volunteer services administrators lies in the nature of the work they do. They must have the flexibility to accommodate and communicate with a variety of generations and cultures. Michelle Caruso, CAVS, director of volunteer services for Jordan Hospital in Plymouth, Massachusetts said, "Every experience is different, every circumstance is different and every situation is different." This is so across both the country and the cultures within a community. "How you handle people depends on the culture in which you live and work."

"There's a very different culture between the middle of the country and the coast. Even the pace of how we talk differs," she commented. "You can see this at the national conference." At the annual conference of the American Society of Directors of Volunteer Services (ASDVS) in Atlanta one year, a speaker came on stage and called out, "How ya all doin'? Did you have fun last night?" to which the Southerners in the audience responded, "Yeah! We're havin' a great time." The response from some attendees from the



Volunteer Dick Yahoub covers the cash register during a busy period in the cafeteria at Jordan Hospital.

Northeast was, "Can't we get this show on the road?"

"An Oklahoman said, 'we like to learn everything we can about a person (whom we might not see often because of the distances that separate us.)' People from more populous Massachusetts are very private." It's not only the geographical differences that affect the way an administrator handles the volunteer staff," said Caruso, "but generational differences too. Volunteers may range in age from fourteen years old into the seventies, and their differences can

include everything from language to values to styles of communication.”

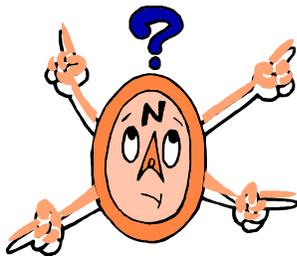
"The face of every program is different." Differences between hospitals, even within the same community, may also vary; which is why it's a challenge to develop the CAVS Certification Examination. Some hospitals serve clients with special needs. Others may not. There are university hospitals and private, inner city hospitals and rural hospitals. Some run gift shops, some have auxiliaries. "I wondered why I needed to know about gift shops (when I first took the exam). They finally hammered it into me

that passing the national examination meant I was prepared to work anywhere across the country."

The nature of the work volunteer administrators do creates a challenge to those who are writing and taking the Examination, but it is not beyond their capabilities. The ability of healthcare volunteer services administrators to tap into their experiences and transcend differences in the course of their work is also what qualifies them as uniquely effective in the area of healthcare.

## Notices and Reminders:

### Don't get lost



If you've changed your name, job title, address, phone number, or employer, we need to hear from you. Your professional society and the AHA Certification Center don't share the same database. When you update your records with AHRMM, AHVRP, ASHE, ASHES, or ASHRM, be sure to send a notice to Kimberly Williams, [kwilliams@aha.org](mailto:kwilliams@aha.org), or call her at (312) 422-3711.

### Check yourself

Preparing for the Certification Examination? Due to renew?

Go to our web site and purchase the Self-Assessment Examination (SAE) to check your skills and knowledge. The preparatory exam uses the same style of questions as are found in the Examination. It serves as a practice test, identifies content areas to focus on when studying for the Examination and lessens anxiety about testing. Professionals who are currently certified can use the SAE to accumulate additional continuing professional education credit and refresh their knowledge. Preview the SAE by taking the free, five-question sample available on the web page relevant to your credential.

[Click here](http://www.aha.org/aha/Certification-Center/Program-Information/sae.html) for the Self-Assessment Examination (<http://www.aha.org/aha/Certification-Center/Program-Information/sae.html>)

## **Certification Examinations span the nation**

Of all the challenges candidates for the Certification Examinations face, finding an Examination site is probably the least of them. They can “let their fingers do the walking” and find H & R Block offices in their area that administer the electronic test. The Examination is available twice daily, Monday through Friday and one Saturday per month.

Some candidates get extra value from 2008 conferences sponsored by the Association for Healthcare Resource and Materials Management (AHRMM), the Association for Healthcare Volunteer Resource Professionals (AHVRP), the American Society for Healthcare Engineers (ASHE), or the American Society for Healthcare Environmental Services (ASHES) by taking the Certification Examination there. An added advantage of these settings is the ability to attend seminars that review Examination material. [Click here](#) for scheduled 2008 Special Administrations. <http://www.aha.org/aha/Certification-Center/files/08specialadmins.pdf>

## **Keep up the standards**

AHA candidates and certificants are required to adhere to *Professional Standards of Conducts*, developed by the AHA Certification Center. A candidate’s signature on an application for the Examination or a Renewal Application attests to adherence to these Standards. [Click here](#) for the AHA Certification Center’s Professional Standards of conduct. <http://www.aha.org/aha/Certification-Center/Program-Information/standards.html>

## **Check the date. Don’t be late.**

Do you know when your Certification expires? Take a look at your certificate for your expiration date. Or you can check AHA-CC's web site. Click on your credential, and then click “Certificants.” You’ll find your name and expiration date in the list under your state. The fee for renewing through continuing professional education is \$135 for members of an AHA Personal Membership Group (PMG). No longer a member of a PMG? No problem. The fee is \$225 as of January 1, 2008.

## **Profile of a Certified Professional**

When it comes to learning about the benefits of taking an AHA Certification Examination, there’s no better way than hearing the stories of professionals who have experienced those benefits in their careers on the job. We frequently share the results of our conversations with some of these professionals in Environmental Services, Volunteer Services, Facilities Management, Resource & Materials Management and Risk Management: who they are, what they learned and why they plan to maintain their Certification throughout their careers.

### **Name: Jay Fligstein, CMRP**

Employer: Greater New York Hospital Association (GNYHA), Northport NY

Title: Assistant Vice President for Client Service

When Jay Fligstein applied for a temporary job in materials management years ago, he had no idea it would lead to a lifetime career. "It was a summer job that never ended," said Fligstein. "No one chooses supply chain, it chooses you. There are no formal training programs. You discover it by accident or by being at work in a hospital."

He finds the different aspects of his job very interesting. There are "complicated logistics processes, multiple suppliers and multiple end-users with various needs. Then there is the patient and physician component." At the end of it all, the goal is to help the physician provide the best and most efficient healthcare for the recovery of the patient. A complicating factor is the varied degree of choices in the process of providing materials and resources. There is the necessity to consider the needs of the hospital and balance those with the needs of the clinical staff to have the resources they feel would perform best.

As a director of supply chain, Fligstein sometimes felt he was caught in the middle. "One way to mitigate that was being able to have an open dialogue with all stakeholders: What is a good cost? Is our cost competitive? What's in it for the physician to deliver the best healthcare? How do different product offers stack up? What would it take for a physician to change?"

"It's challenging being able to open up the dialogue. I did a lot working directly with physicians. I'd go in and say, 'We have this opportunity, (this is the advantage) if we move to another supplier. What would be involved in such a move?' It was always a successful conversation. Not about, 'You have to change,' but 'what would we do?'" "It was typically successful," said Fligstein, "to get everybody involved in the process (including department heads), make it everybody's problem and everybody's idea. We didn't always get there...but (we made) conscious business decisions."



Jay Fligstein, CMRP  
Photo courtesy of  
Fligstein

Fligstein came to GNYHA two and a half years ago. He and his staff work with the directors of supply chain in over 200 facilities to maximize their purchasing power. In 2007, GNYHA began to understand what CMRP was about and made it a requirement for staff to become AHA certified. "I was aware it was out there, but hadn't examined it in detail," said Fligstein. He took the practice test and got a sense of what CMRP means. Fligstein prepared for the Examination by ordering the practice test from the AHA-CC website and the study guide from AHRMM. "I really used these as a base. I gathered more info through web sites, searches, etc. There was nothing new or unexpected in the study materials or the Examination. There was a lot of detail I needed to review and refresh on, but there was nothing in the materials that was a surprise."

"If we demonstrate a level of competence in supply chain (among our member hospitals), it brings extra credibility. By putting a formal AHA Certification process around it, it validates competency. For me, personally, the test was a simple thing to do. For those who have not been in the field for long, the process is (a way of) inventorying what they know and don't know." Eight of Fligstein's staff members have become CMRPs because GNYHA has made AHA Certification part of their job descriptions and a requirement for employment.



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*Our thanks to the Certified Professionals who contributed to the Spring 2008 issue of the AHA Certification Center Newsletter.*

Send an email to Kim Williams at [kwilliams@aha.org](mailto:kwilliams@aha.org) with comments on the newsletter's content and format. We welcome any suggestions you may have for future issues.

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