BREAK OUT FROM THE COMPETENCY ASSESSMENT TRAP!

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# DISCLOSURE AND CONFLICT OF INTEREST

- ▶ The presenter has declared no conflict of interest that relates to this presentation

OUTCOME

▶ The learner will be able to identify common issues with traditional competency assessment and will be able to apply the bedside competency format into current practice

WHAT IS THE TRAP?

- Assessing a large number of competencies
- Measuring the same competencies every year
- Measuring competencies based solely on regulatory requirements
- Focusing only on technical skills
- Process with many checklists
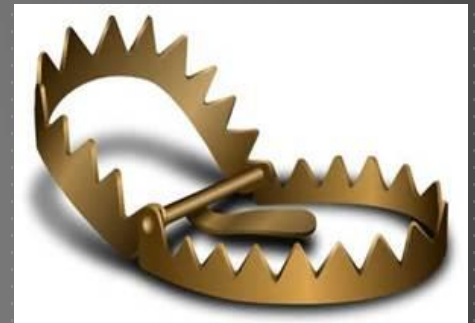
CHARACTERISTICS OF STRONG COMPETENCY PROGRAMS

▶ Emphasis on outcomes

▶ Flexibility & adequate time for achievement of outcomes

▶ Use of self-directed activities

▶ Use of educator as facilitator & resource

▶ Use of various learning & assessment styles

INITIAL COMPETENCIES

- First six months to one year
- Core job functions

ONGOING COMPETENCIES

▶ Build on the initial competencies; dynamic and responsive to the changing environment

▶ HR.01.07.01: The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.

▶ Staff should complete only one type of competency in a given year

COMPETENCY DEVELOPMENT

▶ Needed by 100% of employees in the job class

▶ Not a list a educational in-service needs

▶ Select 10 or fewer competencies

COMPETENCY DEVELOPMENT

▶ Based on quality improvement data; items that are new, changed, high risk or problematic

▶ Collaborative effort between managers and staff

▶ Prioritize

ACCOUNTABILITY

Manager

- Creates environment for success
- Monitors employee progress
- Evaluates process

Employee

- Completing competencies
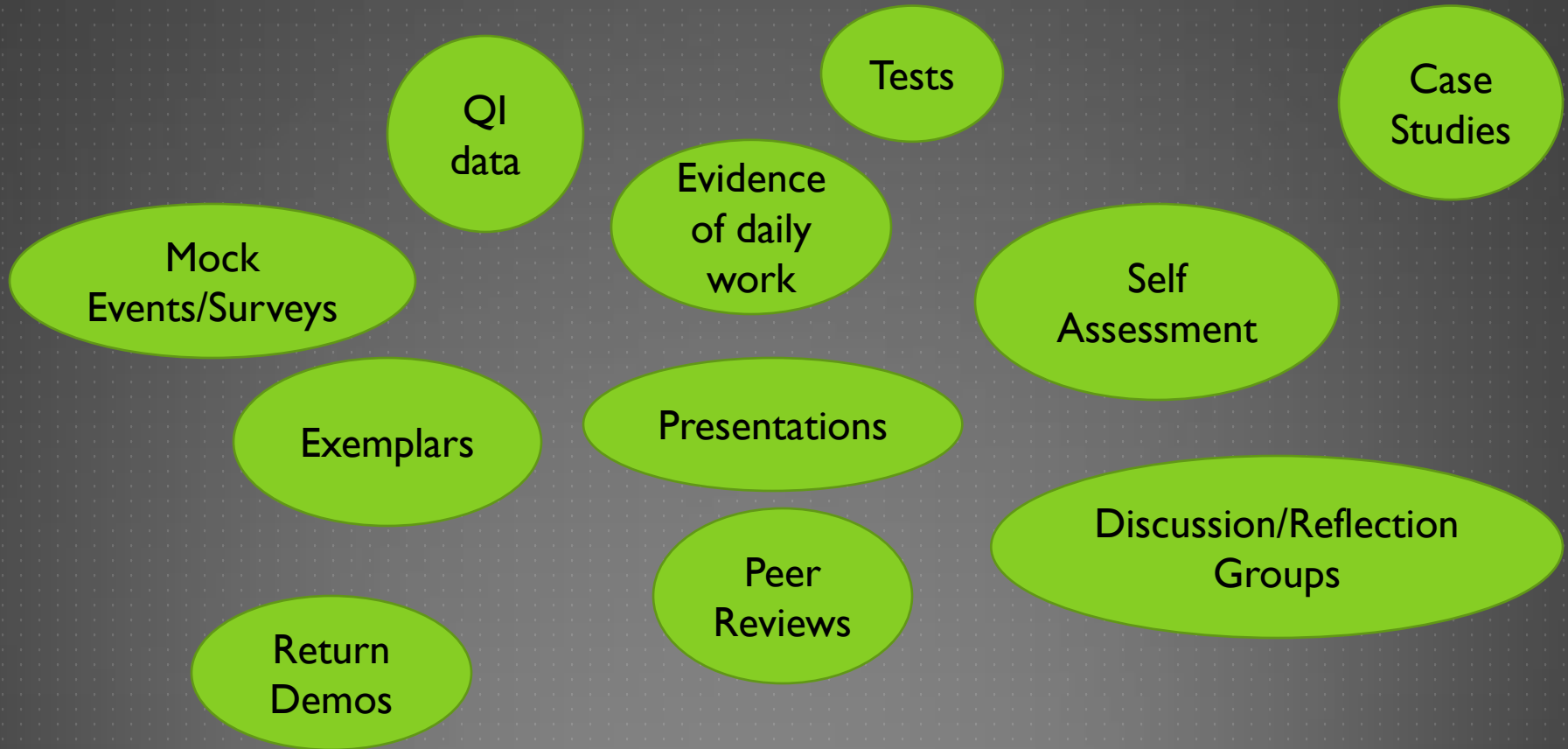- Participate in development
- Evaluates process

Educator

- Expertise to support process
- Expertise on matching verification methods to competency
- Separating education need from a competency

VERIFICATION METHODS

QI data

Tests

Case Studies

Evidence of daily work

Mock Events/Surveys

Self Assessment

Exemplars

Presentations

Discussion/Reflection Groups

Peer Reviews

Return Demos

VERIFICATION METHODS

TESTS AND EXAMS
## Measures Cognitive Skills & Knowledge Only

Across

5. This is an important component in maintaining good control of diabetes.
6. This is the type of insulin that peaks in 6–10 hours and lasts at least 18 hours.
8. This can happen to tissue if injection sites are not rotated.
11. You do not have to do this to the site after an insulin injection.
12. This type of hemoglobin test shows how well diabetes has been controlled over a 2–3 month period.
14. Used to treat an unconscious person with diabetes.
16. Always check this date on the insulin bottle.
17. What the body breaks down when glucose is not available for cell energy.
18. Diabetics should carry some form of this with them at all times.
20. When insulin is not available or working as it should, _____ cannot enter the muscle cells, and builds up in the blood stream.
21. A sign of hyperglycemia.
22. This urine test should be done any time the blood glucose is greater than 300, or if the patient feels sick or has signs of hyperglycemia.

Down

1. Signs of this include nausea, vomiting, weakness, lethargy, headaches, heavy breathing, abdominal pain, and high blood glucose levels.
2. Insulin absorption will _____ according to the injection site chosen.
3. This needs to be known, specified, ordered about the type of insulin the patient takes before administering any insulin. It is another name for source.
4. This should be assessed on a daily basis at home and at the hospital.
7. When a long and a short acting insulin are given at the same time, this one is drawn up first.
9. The frequency with which patients should record blood glucose levels, insulin taken, and reactions.
13. Illness usually _____ (increase or decrease) the blood glucose level.
15. A sign of hypoglycemia.
19. The species of insulin or insulin source most used.

Bonus Questions

23. When glucose can no longer enter the muscles cells and builds up in the blood stream, what condition is the result?
24. Exercise _____ (increases or decreases) need for insulin, when the beginning blood glucose level is <240.
25. Name the insulin site which is to be used for most patients ≥7 years of age.
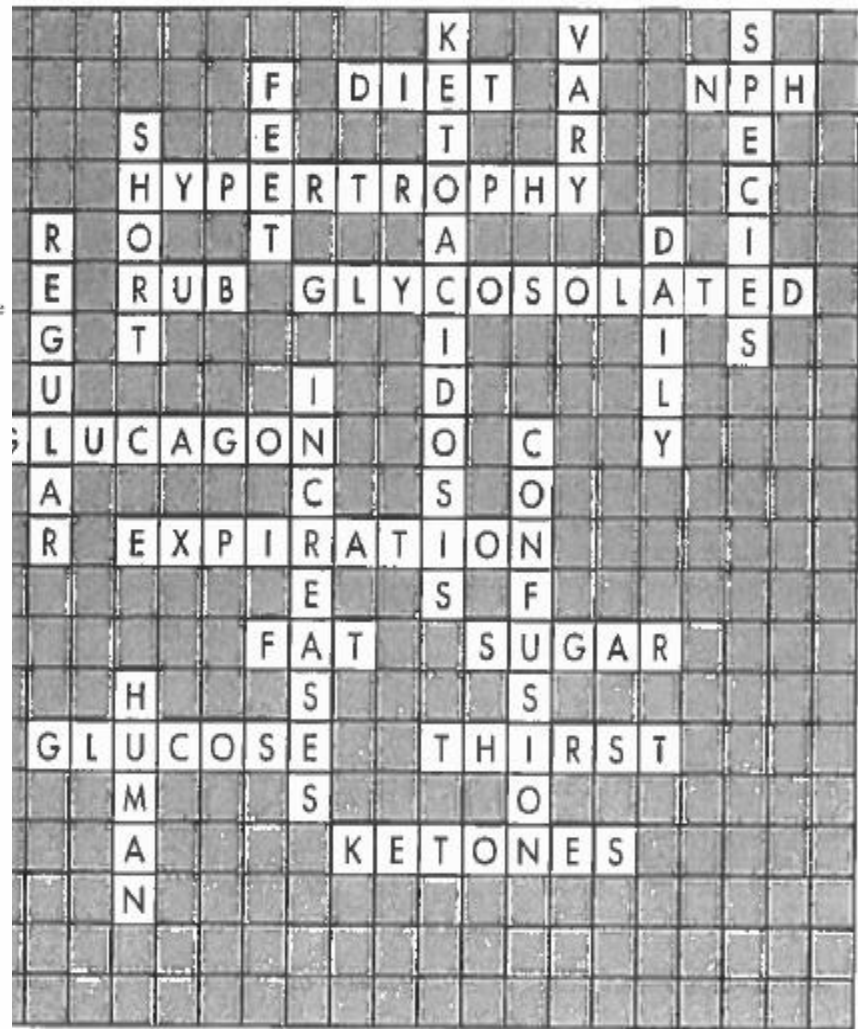
RETURN DEMONSTRATION
Measures Technical Skills

Skill	Required for Completion
A. Foley Catheter Discontinuation *Policy Guideline 12–48*	☐ Observation of Foley Discontinuation by a Nurse _____ *Nurse Signature*
B. Collecting UA/UC from Indwelling Catheters *Policy Guideline 12–48*	☐ Observation of Collecting UA/UC from Indwelling Catheter by a Nurse _____ *Nurse Signature*
C. Hemovac/Jackson Pratt Drain Stripping *Follow Policy Guideline 37–13*	☐ Observation by a Nurse or skilled Paraprofessional* _____ *Nurse or Paraprofessional Signature*
D. Hemovac/Jackson Pratt Dressing Change *Follow Policy Guideline 37–15*	☐ Observation of Hemovac/Jackson Pratt Dressing Change by a Nurse _____ *Nurse Signature*

EVIDENCE OF DAILY WORK
Measures Technical Skills

CASE STUDIES
Measures Critical Thinking Skills

Pain Management Case Studies

Two patients are presented. For each patient you are asked to make decisions about pain and medication.

Case Study A

Edward is 30 years old and has been hospitalized following a fractured hip sustained in a skiing accident two days ago. Your assessment yields the following information:

> No history of allergies or chronic illness; receiving vitamins and diet supplements; weight 165; BP = 120/80; HR = 80; R = 18; on a scale of 0 to 5 (0 no pain/discomfort, 5 worst pain/discomfort), Edward rates his hip pain as 4.

1) On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Edward's pain:

0   1   2   3   4   5

No pain/discomfort   Worst pain/discomfort

2) Your assessment, above, is made four hours after Edward received morphine 10 mg. IM. During the 3 hours following the injection, Edward's pain ratings ranged from 3 to 4 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. His physician's order for analgesia is "morphine IM 5 to 15 mg. q3-4h PRN pain relief." Check the action you will take at this time:

_____ a)   Administer no morphine at this time.
_____ b)   Administer morphine 5 mg. IM now.
_____ c)   Administer morphine 10 mg. IM now.
_____ d)   Administer morphine 15 mg. IM now.

EXEMPLARS
Measures Both Critical Thinking & Interpersonal Skills

Last week I was caring for Mrs. F., a rehab patient. In the Kardex I read the care plan written by the primary nurse. It said we needed to increase her fluid intake over the next few days. As the NA, I have been assisting Mrs. F. with her meals. She has a tough time holding a glass. She does better with a mug. She can even pick up a mug by herself. I have been setting up a mug full of water or juice every 2 hours for Mrs. F. This encourages her to drink a little all day. I also wrote that she handles a mug better than a glass in the Kardex for the primary nurse and other caregivers.

Mary Lipton, NA

PEER REVIEW
Measures Both Critical Thinking & Interpersonal Skills

Coping with and Managing Change
Peer Review Worksheet

This form may be used to verify your competency related to "coping with and managing change." Managing change is a skill that we will all need to survive the changes occurring in health care today. Give this form to a peer and ask him or her for feedback related to your skills in coping with and managing change.

		Never	Rarely	Sometimes	Frequently	Always
1.	When confronted with a new idea, this individual reflects on the idea before responding.	1	2	3	4	5
2.	When a system or issue needs changing, this person is comfortable collecting information about the problem and its possible solutions.	1	2	3	4	5
3.	Most of the time this individual appears to have energy to cope with the fast-paced change occurring around him or her.	1	2	3	4	5
4.	This person accepts responsibility for his or her personal response to the change.	1	2	3	4	5
5.	This person accepts accountability to educate him or herself in becoming more comfortable with the change process.	1	2	3	4	5
6.	This individual accepts responsibility for how to share his or her discomfort with the difficult parts of change—for example, knowing when, where, and how to appropriately share or discuss issues.	1	2	3	4	5

Total = _____

Person being reviewed _____ Peer completing the review _____

SELF-ASSESSMENT

Best Used To Measure The Affective Domain (Values, Beliefs, Opinions & Attitudes)

Coping with and Managing Change
Self Assessment Worksheet

This form may be used to verify your competency related to "coping with and managing change." Managing change is a skill that we all need in order to survive the changes occurring in health care today. Take some time to reflect on the skills you need to deal with change.

	Never	Rarely	Sometimes	Frequently	Always
1. When I am confronted with a new idea, I reflect on the idea before responding.	1	2	3	4	5
2. When a system or issue needs changing I feel comfortable collecting information about the problem and possible solutions.	1	2	3	4	5
3. Most of the time I feel I have enough energy to cope with the fast-paced change occurring around me.	1	2	3	4	5
4. I accept responsibility for my personal response to the changes around me.	1	2	3	4	5
5. I accept accountability to educate myself in becoming more comfortable with the change process.	1	2	3	4	5
6. I accept responsibility for how I share my discomfort with the difficult parts of change. For example, I know when, where, and how to appropriately share or discuss.	1	2	3	4	5

Total = _____

Total up the numbers you circled for each statement. If your total is between 21 and 30, you are doing great. Keep up the good work. If your total score is between 11 and 20, you have made a great start. Keep it up. If your total is between 0 and 10, we appreciate your honesty, and encourage you to participate in one of the "Managing Change" activities offered throughout the year.

DISCUSSION/REFLECTION GROUPS
Measures Critical Thinking Skills As Well As Promotes Group Cohesiveness & Support

Describe a situation involving communication that has occurred recently that caused you to feel uneasy or frustrated.

If you were in this situation...

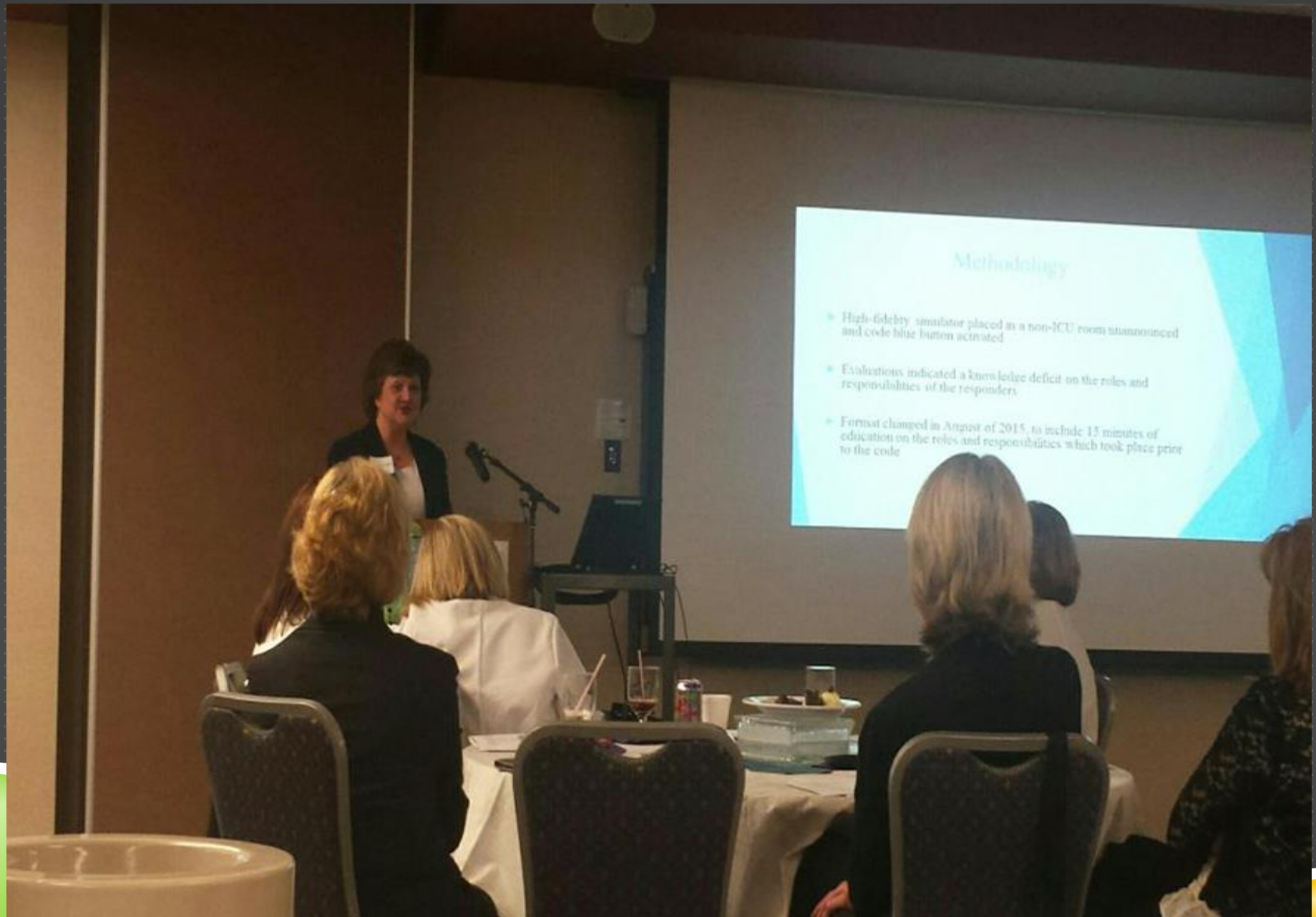How could you show to the individual(s) in this situation that you were listening to them?

In what way could you provide direct, honest and respectful feedback or communication?

Describe some ways you could respectfully clarify differences or show disagreement?

PRESENTATIONS

Measures Knowledge And Understanding

MOCK EVENTS/SURVEYS
Measures Responses In Daily Work Or Practice

QUALITY IMPROVEMENT MONITORS

Measures Technical Skills, Critical Thinking Skills & Interpersonal Skills

Universal Blood and Body Substances Techniques Observation
Quality Improvement Data Collection Form

Work Area _____ Data Collector _____ Employee_____

Key
+ Met Indicator
− Did not Meet Indicator
NA Not Applicable

Guidelines for data retrieval: Observe staff during procedure in every day practice. Score a positive for a technique that is in compliance with the indicator. Score a negative if not in compliance.

Indicators	+	−	NA	expected	Remarks
1. Employee wore gloves to touch any body substance (blood, stool, drainage, etc.).				100%	
2. Employee wore gloves to touch any item, bed clothes, or skin soiled with body substances.				100%	
3. Employee wore gloves to touch non-intact skin of patient and/or protect his or her own non-intact skin.				100%	
4. Employee wore a gown when he or she anticipated clothing might become soiled with body substances.				100%	
5. Employee wore a mask during any procedure in which he or she anticipated body substance might splash or spray.				100%	
6. Employee wore protective eyewear during any procedure in which he or she anticipated body substance might splash or spray. (Personal glasses need solid side shields, permanently affixed.)				100%	
7. Employees washed their hands after removing gloves.				100%	
8. Employee discarded needles and other sharp instruments in a puncture-resistant container.				100%	
9. Employee did not recap dirty needles.					

CURRENT CONDITION

► Traditional competency day:

- ► HomeCare
- ► Therapy-PT/OT/ST
- ► Home Hospice
- ► Inpatient Hospice
- ► Transitional Care Center
- ► Rehab
- ► DME-home medical equipment

(131 nurses 58 aides 66 therapists-255 total)

PROBLEM ANALYSIS

▶ Focus heavily on technical skills

▶ Unable to address real-time issues due to controlled environment

▶ Validators are educating

▶ Staff miss scheduled dates due to vacation, illness, pregnancy, forgetfulness

PROBLEM ANALYSIS

- Staff bring children

- New hires coming in for education on competency day

- Assistant managers taken off the floor for 8 hours

- Staff taken off the floor to complete competencies

COST ANALYSIS

- 4 assistant managers to "man" a station for 8 hours x 3 days = $2900

WRIGHT METHOD OF COMPETENCY ASSESSMENT

▶ Robert Wood Johnson University Hospital, Somerville, New Jersey

▶ North Kansas City Hospital, North Kansas City Missouri

▶ St Luke's Health System, Boise, Idaho

▶ Children's Mercy Hospital, Kansas City, Missouri

▶ Virginia Commonwealth University Health System, Richmond, Virginia

▶ Morton Plant Mease Health Care, Clearwater, Florida

▶ Avera McKennan Hospital & University Health Center, Sioux Falls, South Dakota

NORTH KANSAS CITY HOSPITAL (1300 NURSES, 451 BEDS)

- "Before each skills fair we provided study guides that spoon-fed the information and skills being tested, as if staff would wake up one morning and forget how to perform an everyday skill they'd been performing for years."

LAWRENCE MEMORIAL HOSPITAL (173 BEDS)

▶ "Resistance to changing our current process, a marathon skills fair, was strong because a lot of staff complete the process in a short time. I knew our current process had very little meaning in growing our staff. Like many hospitals, we held house-wide and department specific skills fairs; ours consisted of approximately 20 stations that all clinical licensed staff completed over a four-day period. Some staff members were downright angry as they came through the marathon days of the skills fair. There was very little emphasis on improving professional practice for the provision of excellent patient care. Staff were frustrated because the process meant little other than a hurdle to jump over in order to keep their jobs."

VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM (LEVEL 1 TRAUMA CENTER, 865 BEDS)

► "Units have moved away from competency fairs. The responsibility to complete the identified competencies is shifted from the manager to the employees, who are expected to complete their competencies during April through November using a variety of predetermined methods of validation."

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT SOMERSET (LEVEL I TRAUMA CENTER, 965 BEDS)

- "Everyone appreciated the reduction in time spent at a central skills lab, which equated to reduced cost in time and dollars. Staff members bring back a signed competency sheet for management to have available for surveyors and performance evaluations. The educators are not telling staff what they should be doing; instead, the focus is on staff telling the educators what they know. We can identify gaps in knowledge and reinforce the correct information in real time."

UNITYPOINT HEALTH DES MOINES, IOWA

▶ "Historically, staff spent hours on "skills day" being educated on and verifying the same skills or concepts annually because we have always done it that way. A goal was to save financial resources by reducing hours spent on skills day and verifying competencies via evidence of daily work and in the departments."

TARGET UNITS

- TCC Hawthorn
- TCC Willow
- Inpatient Hospice
- Rehab

74 nurses & 49 aides
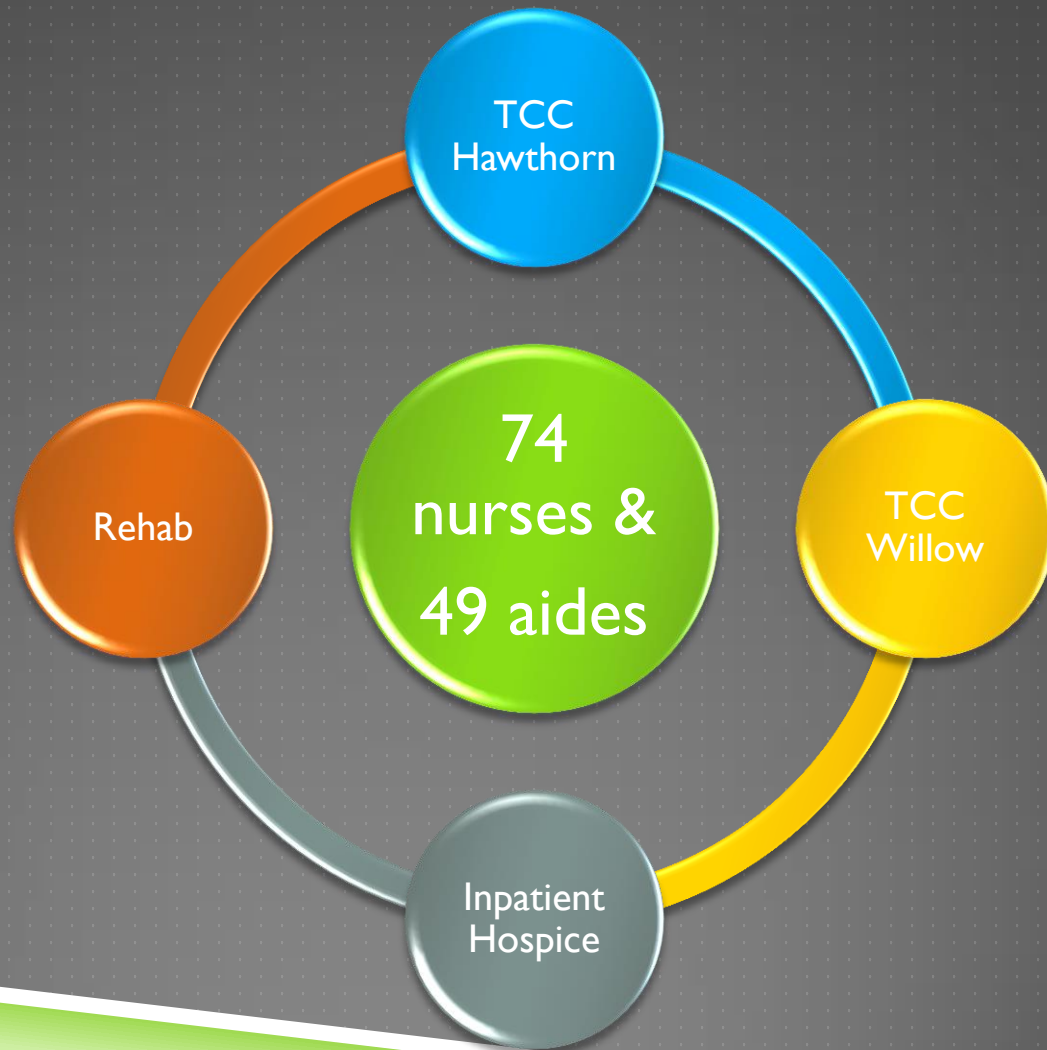
Total 123

NEEDS ASSESSMENT

▶ Met with managers (individually) to identify topics

▶ Staff identified topics in Shared Governance meetings

▶ Prioritized topics

NEEDS ASSESSMENT

Competency Needs:	Priority (Hi-Med-Low):	Patient Outcome (Hi-Med-Low):
What are the NEW procedures, policies, equipment, initiatives, etc. that affect this job class.		
What are the CHANGES in procedures, policies, equipment, initiatives, etc. that affect this job class.		
What are the HIGH RISK aspects of this job. (High risk is anything that would cause harm, death or legal action to an individual or the organization.) Mock Codes Blood Draws and Labeling	High High	High High
What are the PROBLEMATIC aspects of this job. (These can be identified through quality data, incident reports, patient surveys, staff surveys and any other form of formal or informal evaluation.) Medication Teachback Urine Specimen Collection and Labeling Chair & Bed Alarms FIM Certification NIH Certification Plan of Care (deficits, home going) Admission & Discharge Insertion of peripheral IV catheter Shift Report	High Medium Medium Medium Medium High High High Medium	High Medium Medium High High Medium Low Medium Medium

Try to limit your focus to 10 or fewer competencies each year. Trying to focus on more than that can be confusing and overwhelming to both staff and leaders.

VALIDATION

▶ Validators selected

▶ Validator expectations

▶ Staff options

VALIDATION FORM

Demonstrates how to properly operate the bladder scanner *Follow Policy Guideline*	☐ Observation of bladder scanner use on a patient **OR** ☐ Observation of bladder scanner use on one of the above individuals. _____ *Signature/Date*
Demonstrates how to correctly apply and set a chair and bed alarm *Follow Policy Guideline*	☐ Observation of setting a chair and bed alarm with a patient **OR** ☐ Set a chair and bed alarm with one of the above individuals acting as the patient. _____ *Signature/Date*
Demonstrates the ability to apply HRO tools and tones during patient interaction *Follow HRO Training*	☐ Submit two HRO Peer Reviews completed by two different coworkers **OR** ☐ Submit one customer service exemplar based on information from a patient/family member. Include cards, letters, or patient satisfaction information that identifies you by name.

PROCESS

▶ January-communicated new format

▶ Binders placed on units

▶ Began February 16th

▶ Email reminders-monthly, weekly

▶ Completion October 31st
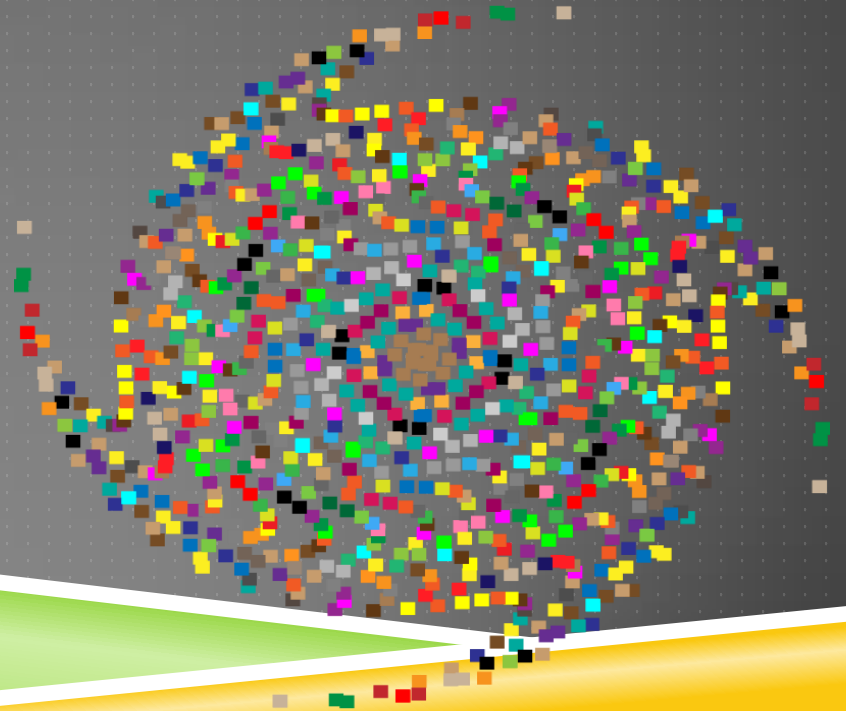
COMPETENCY CYCLE
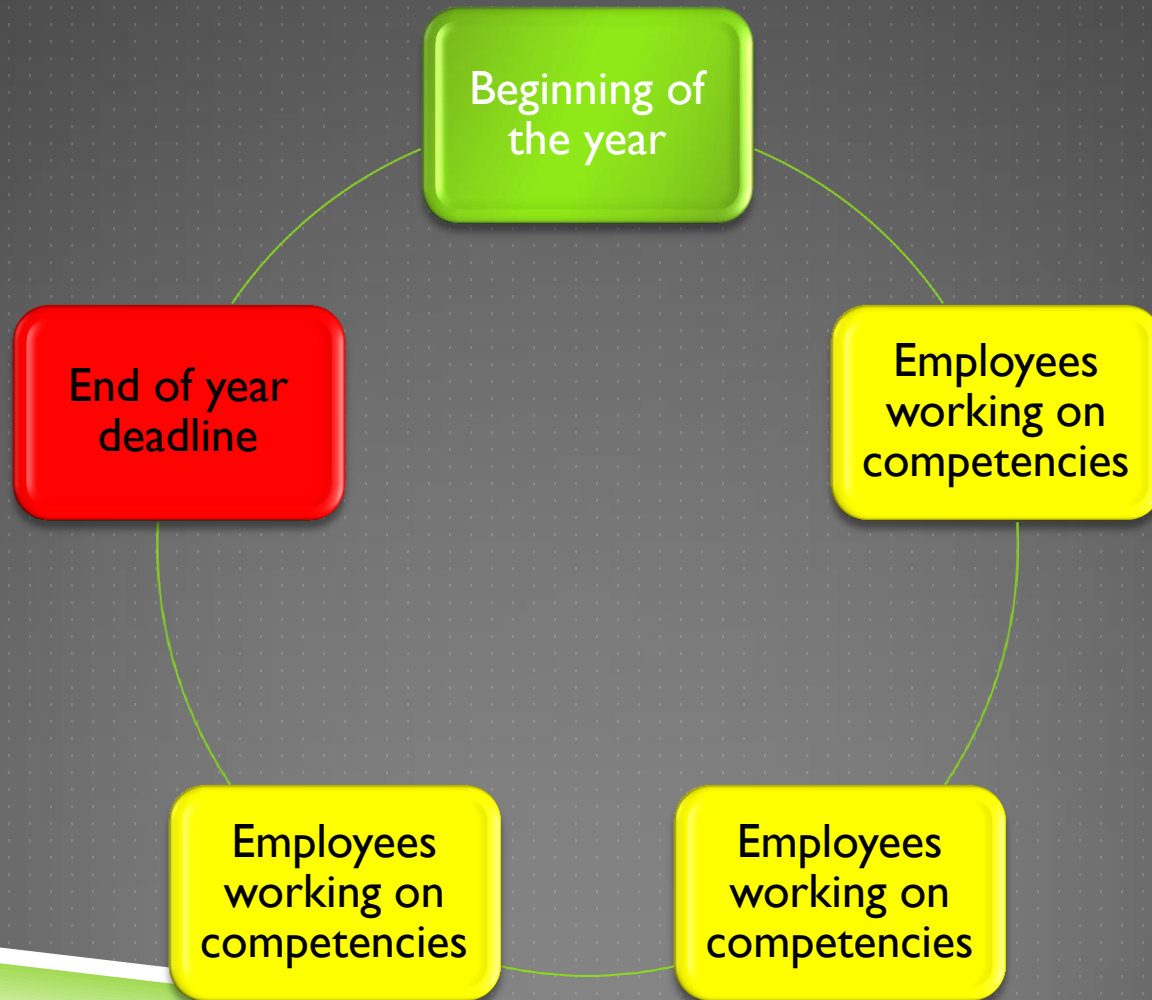
2015 Nurse Aide Competencies- all due October 31st
Place a checkmark next to each when complete

	Collect and label a urine specimen	Shift report	Set-up an isolation room	Apply and set a chair and bed alarm	Apply HRO tools and tones during patient interaction
BRIGHT SHANNON M	✓	✓			
CANTWELL MURIEL L				✓	
FONTE ANGELA R	✓	✓		✓	
FOSTER LOREAL N	✓	✓		✓	
HARDMAN TIANA M				✓	
HUBBARD KIMBERLY L					
JONES KALI M	✓	✓	✓	✓	
MARHEFKA RACHEL R		✓			
MARTINIS JACEY M					
MAYLE ALISA F					
NALLEY CHRISTINA M					
SINNETT NICOLE M		✓			
TOLLEY RUTH M			✓		

2015 Nurse Competencies- all due October 31st
Place a checkmark next to each when complete

|	Insertion of peripheral IV catheter (2)	Report a thorough Plan of Care	Shift report	Medication Teachback	Collect and label a urine specimen	Completion of admission and discharge paperwork	Peripheral blood draws and labeling	Apply and set a chair and bed alarm	Apply HRO tools and tones during patient interaction
BONNER SUSAN D		✓	✓	✓	✓	d/c ✓	✓	✓	
BRANT JULIE M	✓		✓	✓	✓	✓	✓		
BURNS SHAKEILAH C			✓		✓	✓			
CASSIDY CARRIE A		✓	✓		✓	✓	✓		
CHURCH KARA R	✓	✓	✓	✓	✓	✓	✓	✓	✓
DINARDA SUSAN L	✓	✓	✓	✓	✓	✓	✓	✓	✓
DIPIETRO SANDRA K			✓				✓		
EDIE-COLEMAN TINA M			✓		✓		✓		
KUNTZMAN MICHELLE L			✓				✓		
MANKO ERIC D			✓						
STEFANIAK HOLLIE M	✓	✓	✓		✓	✓			
VAGEDES CAROLYN G			✓			✓			
WILSON PAMELA	✓		✓		✓	✓	✓	✓	
Perez Nell			✓			✓			
Swain Colleen			✓	✓		✓	✓		

SURVEY

POST-SURVEY RESULTS

▶ 53% of staff completed evaluation

▶ Strengths of bedside competency format

　▶ Convenience

　▶ Own pace

　▶ Accountability

　▶ Facilitate critical thinking skills

　▶ Easier to perform competency while performing the actual task instead of a scenario

　▶ Unit specific

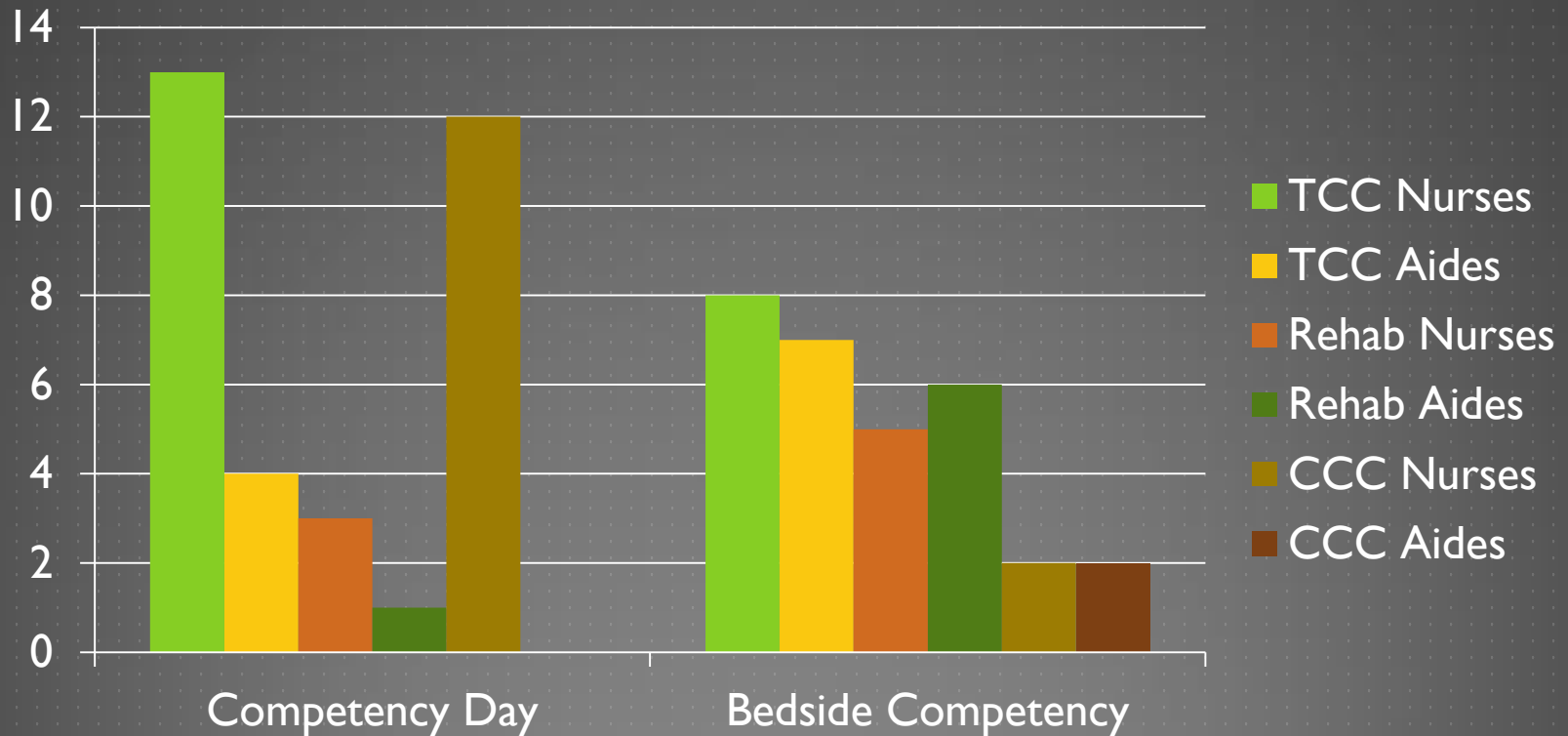▶ Issues relating to the communication of the new competency process
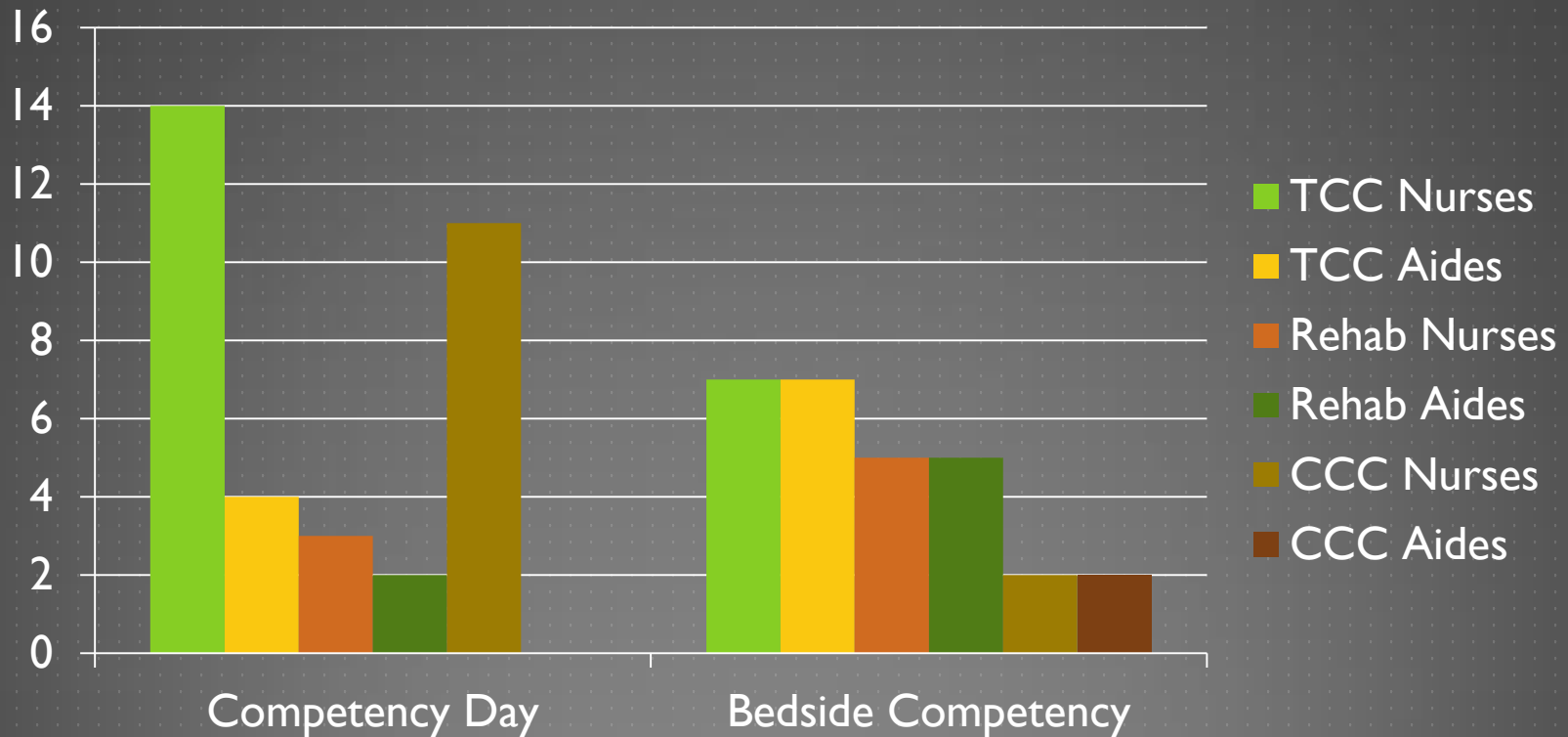
　▶ None

　▶ Confusing
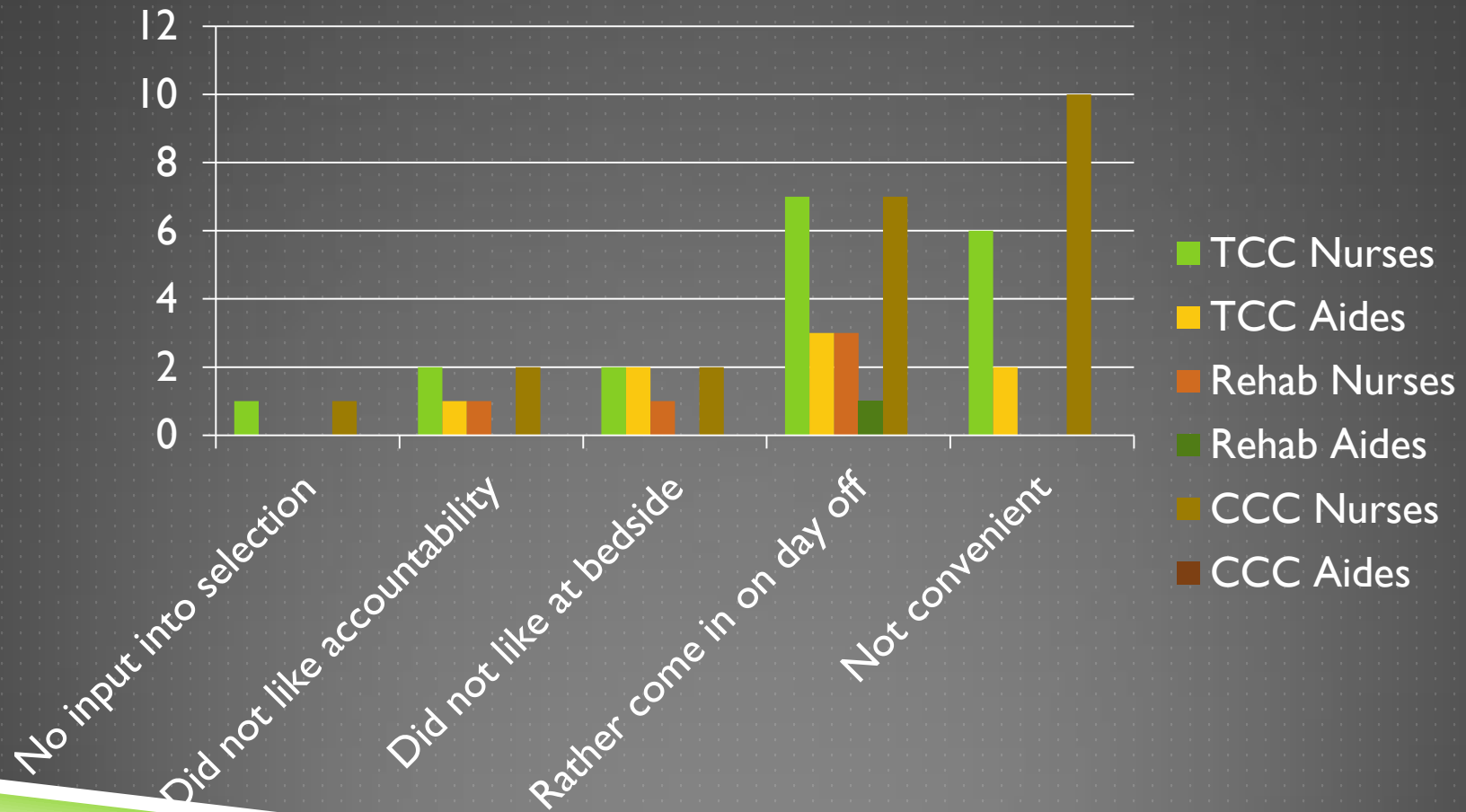
ISSUES WITH BEDSIDE COMPETENCY
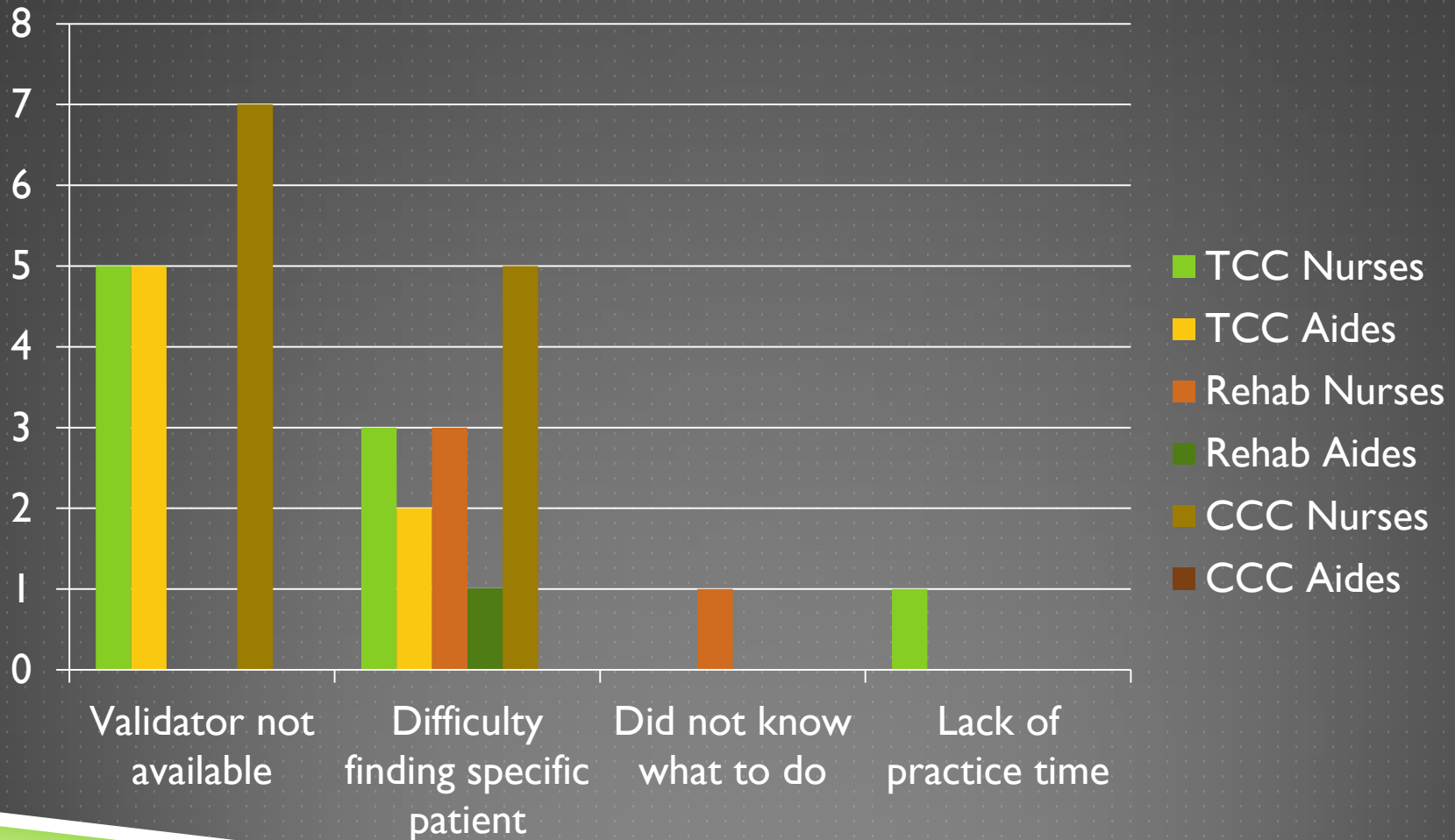
WAS SUPPORT AVAILABLE
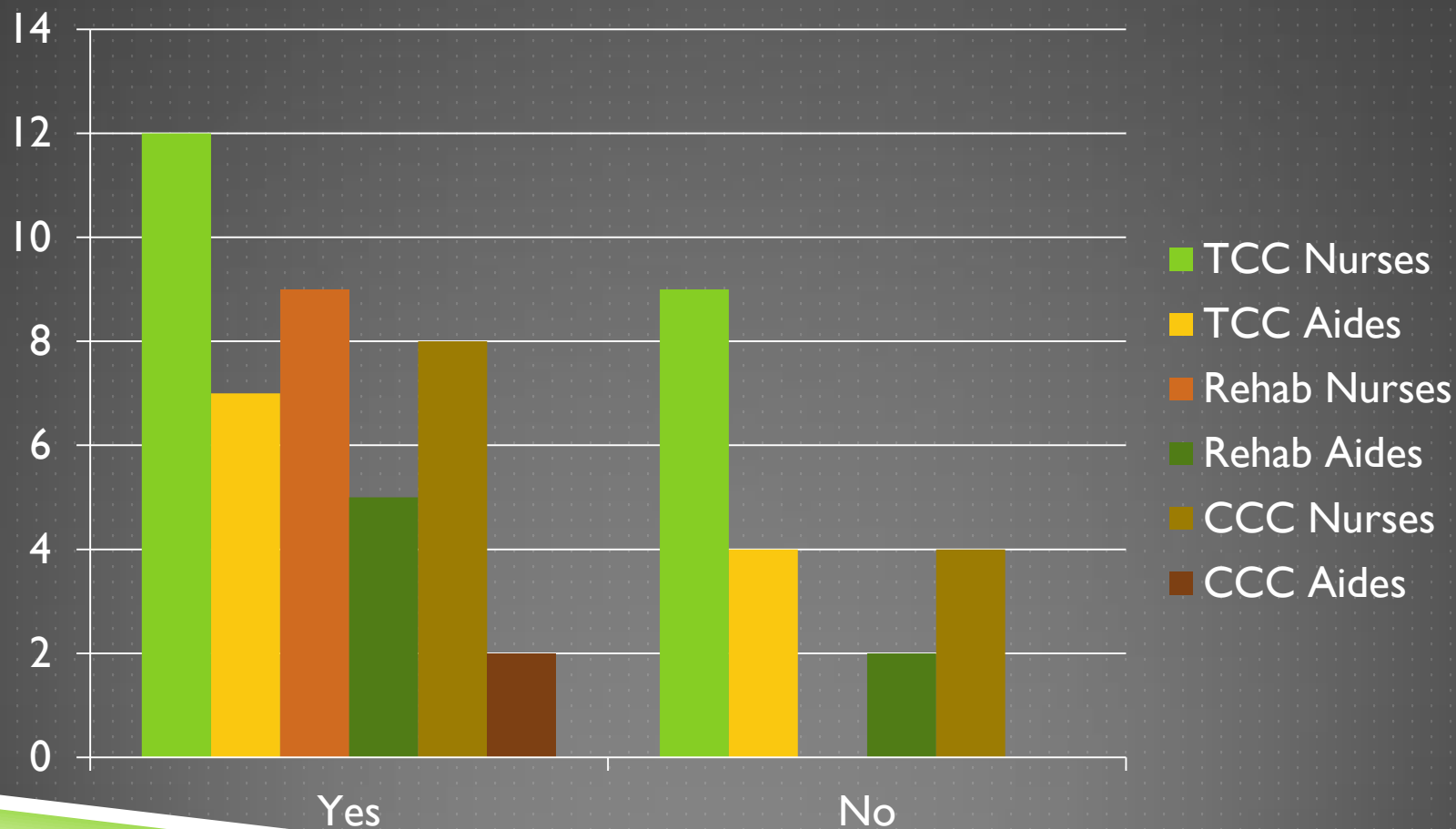
PREFERRED FORMAT

WHAT METHOD ACCURATELY MEASURES YOUR LEVEL OF COMPETENCY?

REASONS AGAINST BEDSIDE COMPETENCIES

LIMITATIONS

▶ Skill focused

  ▶ Need reflective practice verification

  ▶ Need outcome measurements of daily work

  ▶ Need critical thinking verification

▶ Measuring the same competencies

BENEFITS

▶ Staff not taken off the floor

▶ Assistant managers not taken off floor for 8 hours

▶ Live environment to address issues

▶ Total savings = $2900

POSITIVITY IS THE 🔑

FUTURE STATE

- All units 2016
- Repeat survey end of 2016

REFERENCES

▶ Wright, Donna. *The Ultimate Guide to Competency Assessment in Health Care*. Minneapolis, MN: Creative Health Care Management, 2005.

▶ Wright, Donna. *Competency Assessment Field Guide: A Real World Guide for Implementation and Application*. Minneapolis, MN: Creative Health Care Management, 2015.

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THANK YOU!