

Ambulatory care settings utilize a mix of staff (e.g., registered nurse [RN], licensed practical nurse [LPN]/licensed vocational nurse [LVN], medical assistant, and patient care technician) to provide nursing care. Individuals involved in providing nursing care must ensure the safe and competent practice of staff. Accrediting bodies, professional nursing organizations, as well as state and federal laws set standards that drive the need to assess, maintain, and document competency.

“Competence is defined as the ability to demonstrate the technical, interpersonal, and/or clinical skills necessary to perform the responsibilities of the job.” (American Academy of Ambulatory Care Nursing [AAACN], 2013, p. 38).

The Accreditation Association for Ambulatory Health Care (AAAHC) requires proof of staff being “properly trained, licensed, and receive ongoing education and annual competency evaluation for the services they provide” (AAAHC, 2016, p. 73).

The AAACN *Scope and Standards for Ambulatory Care Nursing* holds that “ambulatory care registered nurses attain knowledge and competency that reflect current ambulatory care nursing practice” (AAACN, 2017, p. 28).

According to The Joint Commission (n.d.), “The assessment must be thorough and focus on the particular competency needs for the clinical staff’s assignment.”

Competency is a team effort in which each staff member is responsible for building and maintaining his or her own competence utilizing resources provided by the organization, preceptors, nurse educators, and through self-study.

It is important to measure baseline competence to ensure the core skills required for the position are present, and if not present, the missing skill can be appropriately addressed. Progression of skills should be measured and documented throughout the initial orientation period and periodically, according to local policy (e.g., annual performance appraisals). The nurse’s skill level may be rated as Novice, Independent, or Expert (see Table 1).

Competency validation begins during orientation through the use of classroom, online learning, and skill labs. It continues into practice with a preceptor, where validation continues. The initial assessment of new staff competence enables the organization to determine whether the specific skill and necessary knowledge are present to perform required job duties. Competency programming should include a definition of the competency to be addressed, criteria and assessment method, frequency of assessment, and action to be taken if expectations are not met. Joyce Johnson’s competency module (see Figure 1) provides a chart illustration for the progression of competency from hire through professional development.

Orientation is an organized plan created by the health care facility to prepare new staff to take on their assigned roles (AAACN, 2017). The primary purpose of orientation is

Table 1.
Nurse Skill Level Ratings

Novice: Can undertake the skill, but must be supervised by a validator. Can complete the skill elements but needs more than the usual amount of time to do so and requires assistance from appropriate persons.
Independent: Undertakes the skill easily, readily, within time-frames, and without any assistance or prompting.
Expert: Can teach the skill and is a resource to others. Has in-depth understanding of the skill and problem solving. Works at maximum level of efficiency and confidence. Functions as a trainer or validator in the department for the skill.
Not Met: Should be noted if the skill cannot be performed according to standards. Continues to need prompting and make the same mistakes.

Source: Wright, 2005.

to help staff acclimate to a new clinical setting and learn about the professional standards for practice in that organization. Attention to the required individual skill set for the new employee promotes a smooth transition into practice in the new position. An orientation program should be tailored to the needs of the organization but considers the needs of the employee. A well-defined orientation program includes job expectations and the skill set needed. Ongoing education and training are required to maintain and enhance competencies. Many organizations are implementing Residency Programs to orient and facilitate the competence of new graduates and nurses transitioning into ambulatory care from other care areas.

This book is composed of three sections, each providing direction for development of an orientation program and the facilitation of new staff competence that meets the individual position and organizational needs. The first section provides information for creating a comprehensive orientation program for the organization. It describes the knowledge, skills, and attitudes (KSAs) associated with the areas of performance. Each organization should assess what nursing skills are required to prepare the nurse for competent and safe patient care in the assigned area. The authors have included a learning outcome statement, learning objectives, and definitions, as well as an outline of the topic. The KSA chart is provided to assist in creating a more effective orientation plan for an organization. While every topic will not apply to all organizations, the topics included are broad and inclusive.

The second section is oriented to the staff educator’s competencies. It defines competencies required for a nurse educator to be most effective in the role. Topics include leadership and consultant roles. Tools and processes used to plan, build, and validate educational programs are also addressed. The section culminates with an explanation regarding the importance of developing an atmosphere that

Figure 1.
Raising the Bar of Performance

<p>Assumptions:</p> <ul style="list-style-type: none"> • Careful hiring practices will result in employees who are a good “fit” with the job and organization. • Orientation and continuing education are key retention strategies. • Validating competency improves competence and provides a mechanism for corrective action. • Providing feedback and targeted education/training helps the employee improve performance. • Creating a professional portfolio improves performance (requiring staff reflection on experiences).
<p>Anticipated Outcomes:</p> <ul style="list-style-type: none"> • All employees will perform the responsibilities of their position in a skillful and excellent manner. • All employees will make sound judgments. • All employees will provide and model excellence in customer service; they will go the extra mile. • Collectively, this will result in raising the bar of performance and improving organizational effectiveness and outcomes. • As a result, we will become the health care of choice and the employer of choice.

	All Staff Orientation			All Clinical Staff			Licensed Nursing Staff	
							Ongoing Education	Professional Portfolio
						Feedback and Performance Appraisal	Continuous personal growth through continuing education programming related to work setting	Continuing formal education, maintaining license, certification in specialty, clinical ladder, other evidence of professional growth
					Ongoing Competency Validations	Preceptor, coaching for performance issues, and annual reviews		
				Initial Skills and Competency	Identified competencies required for position			
			Technical Training (TT) for Electronic Medical Record (EMR)	Skill labs, checklists, and online learning				
		Orientation	Use of EMR and receive security access to program					
	Hiring Practices	General						
Person Responsible	Supervisor/manager	Human resources (HR)	TT trainers	Educators	Manager/supervisor	Manager/supervisor	Staff and Manager/supervisor	Staff
Support:	Human resources (HR) recruiters	Manager and educators	Manager/supervisor and educators	Manager/supervisor	Educators	Preceptor and human resources (HR)	Educators and manager/supervisor	Educators and manager

Source: Adapted from Joyce Johnson’s Competency Model.

facilitates an open and appropriate learning environment and program evaluation.

The third section is the Appendix, which includes examples from various organizations that can be utilized as templates for the creation of organization-specific orientations and skill check-lists. Many tools can be tailored to fit a staffing mix. Nursing leaders should enforce scope of practice for the various level of caregiver as defined by applicable law.

It is the hope of the authors that the material presented here will enhance nurses’ understanding of ambulatory care and that an ambulatory-based orientation program will create an environment that values the knowledge and skill of the ambulatory nurse.

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The Orientation Journey

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The goal of an orientation plan is to enhance the learning process of the professional nurse by building on his or her individual competencies. According to the American Nurses Association (ANA) (2013), competency is defined as “an expected level of performance that integrates knowledge skills, abilities, and judgment” (p. 3). The Quality and Safety Education for Nurses (QSEN) (2013) defines competency recommendations that are essential to improve the delivery of quality and safe nursing care. The recommended competencies are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (QSEN, 2013). The aim of the American Academy of Ambulatory Care Nursing (AAACN) is to guide the development of the individual nurse during the orientation process to master individual competencies as demonstrated by his or her technical, interpersonal, and/or clinical skills commensurate with individual job responsibilities (AAACN, 2013). The *Ambulatory Care Nursing Orientation and Competency Assessment Guide* incorporates the AAACN competency philosophy, the ANA competency model, and competencies recommended by the QSEN to support the orientation of the ambulatory care nurse.

A comprehensive orientation plan guides the ambulatory care nurse’s understanding of his or her role, responsibilities, and expectations to promote the delivery of quality and safe patient care. Individual knowledge, skills, and abilities (KSAs) complement a defined orientation plan as the ambulatory care nurse develops his or her competencies. Knowledge includes critical thinking, understanding of professional standards of practice, and personal experiences and capabilities. Skills define the ability to effectively communicate and problem-solving expertise. Abilities include the ambulatory care nurse’s capability and talent to perform efficiently and effectively. Evidence-based practice serves as the foundation of core competencies that guide nurse actions and define gaps in the orientation process to target opportunities for learning improvements (Melnyk & Gallagher-Ford, 2015; Melnyk, Gallagher-Ford, Long, & Fineout-Overholt, 2014). A systematic orientation plan affords the opportunity for customized learning and translation of knowledge based on individual and standardized learning goals.

A successful orientation process enhances synergy of the ambulatory care nurse’s orientation journey that ultimately leads to a synthesis of knowledge, skills, and abilities to enhance a consistent and reliable patient experience that promotes quality and safety. AAACN (2014) recommended the establishment of an Ambulatory Nurse Residency Program. The Residency Program proposal serves as an augmentation to the orientation process. Guthrie, Tyrna, and Giannuzzi (2013) noted

transitional orientation as an efficient option to assist with fulfilling the educational needs of new nurses. Both orientation options offer a framework to enhance the developmental learning of nurses during the orientation process and may be applied through the application of the elements addressed in this guide.

Plan

The orientation journey complements the ambulatory care nurse’s onboarding process and is reflected in the position description, performance standards, individualized professional goals/clinical ladder, learning outcomes, and performance appraisals/counseling to enhance a common understanding and value of the ambulatory care nurse. A knowledge of the core components of the ambulatory care nurse orientation at each level of the health care organization is necessary to promote success. Table 1 depicts an example of a comprehensive orientation plan that defines an awareness of functions at different levels.

Assessment

The ambulatory care nurse’s KSAs are initially and continually assessed during the orientation process to identify gaps in learning. An individual orientation plan is developed through a collaborative process between the Preceptor and orienting ambulatory care nurse (Preceptee), and is tailored to meet a successful orientation process. The orientation process is outcomes-focused. During the assessment, various training and education materials are defined to augment the individual learning process based on identified strengths and opportunities to improve core competencies.

The assessment process is completed by documenting progress on an orientation tool. At a minimum, the KSAs, date, and originator of the assessment should be documented. An improvement opportunity, complemented by a focused improvement plan, is additionally documented as needed. The assessment process is supported by self-assessment, Preceptor assessment, or a combination of both methodologies. Examples of orientation tools may be referenced in the Appendix of this guide.

Implementation

Various methodologies can be employed to support the implementation of the orientation process based on the assessment of diverse learning styles (Billings & Halstead, 2015). Examples of orientation methodologies

Chapter 4

Professional Nurse Role Competencies

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Preface

The role of the professional nurse in the vast array of ambulatory care settings continues to evolve and encompasses multiple levels of responsibility, clinical knowledge, and leadership expectations. The nurse must effectively care for a wide variety of patient conditions in a multitude of specialty areas and ambulatory settings while ensuring ethical evidence-based patient care practice standards are supported and maintained. Nurse competency has been illustrated over the years as the nursing profession has evolved; however, the description of nurse competency can be traced back to one early nurse theorist who effectively stated nurse competency as the expectation that nurses are expected to have specialized abilities that qualify a person to be a nurse (Romeo & Devereaux, 2011). Population health, care coordination, and case management initiatives among organizations and offices pose additional competency requirements for the professional nurse. Communication is paramount to successful collaboration within the ambulatory care setting and throughout the patient care continuum.

Quality patient care outcome management, patient advocacy, patient education, and risk management are key areas in which the nurse must be knowledgeable and confident in executing to promote patient safety. Regulatory requirements include nurse-specific expectations of competency and mandating the assurance of capabilities through the use of process improvement initiatives and principles.

Quality indicators include nursing care management related to patient outcomes, warranting elevated levels of skill mastery and expertise.

Orientation programs and professional practice evaluation standards and measures must include expectations and evidence-based criteria to ensure mastery of skills and effective knowledge to support nurse proficiency. This chapter is designed to provide information and guidance to identify the professional nurse's role in meeting the competencies of today's ambulatory health care environment.

Competency of the Professional Nurse

Learning Outcome Statement

The nursing process includes the delivery and oversight of patient care within a multitude of ambulatory care settings that requires effective credentialing and validation processes to ensure nurse proficiency and skill assessment. Competency of the nurse is widely defined and incorporates the ability to utilize the nurse's education and

clinical abilities to function in accordance with state nursing board and accreditation/certification board standards. According to Merriam-Webster (n.d.), the term *competence* is defined as "having requisite or adequate ability or qualities." The evaluation of nursing competency employs various requirements, levels of assessment, and timing mandates as defined by these entities. A widely recognized accrediting agency, The Joint Commission, encourages health care organizations to ensure nurses are evaluated for competency at specific intervals. Specifically, assessment of staff competency should ensure that nurses have "the ability to use specific skills and to employ the knowledge necessary to perform their jobs" (ECRI Institute, 2014, p. 8).

Learning Objectives

After reading this section, the registered nurse (RN) working in the Ambulatory Care role will be able to:

- Identify the characteristics of a professional ambulatory care nurse.
- Utilize nursing theory processes that exhibit clinical care competency.
- Demonstrate the ability to effectively provide direct patient care.
- Display professional licensure and appropriate education and specialty certification.
- Show evidence of efficient and applicable communication skills.

Competency Definition

The professional nurse displays the ability to foster a collaborative, cohesive environment that supports patient-centered care and incorporates care delivery systems that promote a culture of safety to ensure optimal care outcomes. Within the ambulatory care arena, competency of the nurse must be established and defined. "Ambulatory care nurses employ practices that in nature are: restorative, supportive, and promotive" (American Academy of Ambulatory Care Nursing [AAACN], 2010, p. 80). To establish and promote nurse competency, many facets must be identified, understood, and adhered to by the professional nurse.

Outline of Topics

- A. The nursing process.
 1. Education, specialization, credentialing, and validation.
 2. Continuing education.
 3. Evidence-based practice.
 4. Mastery and application of skills.
 5. Resource utilization.
- B. See Table 1 for more information.

Core Role Dimensions of an Ambulatory Care Nursing Staff Educator

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Learning Outcome Statement

This chapter is designed to provide information on the roles fulfilled by the ambulatory care nursing staff educator. Nursing staff educators (NSEs) will be able to identify and reflect on methods of demonstrating the dimensions of their role. Ambulatory care nursing education has unique challenges, and being attuned to the multiple dimensions of the role will allow the NSE to shift gears and meet the need for learners. Nurse educators need to utilize all of their roles to deliver education, and support orientation and competencies in consideration of the economics of health care and the end goals of safe patient care and improved methods of care delivery (Garafalo, 2016).

Learning Objectives

After reading this chapter, the educator will be able to:

- Identify role dimensions of the ambulatory care NSE.
- Identify actions for the NSE as learning facilitator, change agent, mentor, leader, champion for scientific inquiry, advocate for nursing professional development (NPD) as a specialty, and partner for practice transitions.
- Review the impact of education roles and their importance to the ambulatory care nursing practice.

Competency Definition

NSEs are important to the success of clinical education programs within ambulatory care settings. The NSE works to support the roles of the ambulatory care nurse within clinical, organizational, and professional roles (American Academy of Ambulatory Care Nursing [AAACN], 2017). Nurses in ambulatory care work in a variety of practice settings and specialties, including primary, diagnostic, and specialty care. The variety of practices and skills required for each setting is challenging and requires the NSE to take on roles identified in the *Nursing Professional Development: Scope and Standards of Practice* learning facilitator, change agent, mentor, leader, champion for scientific inquiry, advocate for the specialty, and partner for practice transitions. Role dimensions are characteristics the NSE fulfills depending on the need of the learner, health care climate, and/or organizational outcomes (Harper & Maloney, 2016) (see Table 1).

Facilitator

The role of the NSE as facilitator is to identify learning needs, create education, and provide educational activities available to nurses. The NSE connects practice needs to the development of education to meet learning requirements in a timely manner and in a meaningful way. It is important NSEs are aware of the practice and future changes, connecting learning with their specific practice arena.

To facilitate education means to implement education based on educational theories and models, assist with the development and assessment of competencies, and create educational offerings used to develop nurses' knowledge, skills, and abilities (Harper & Maloney, 2016). The NSE seeks to understand the learning needs of the target audience using available data and takes into account adult learning needs, styles, and the environment in the development of the education plan. The NSE then implements or supports the educational activity. Following the activity, an evaluation is completed, and a review of the evaluation leads to improvement in the educational activity and/or continuing with the current plan (Williams, 2013). Facilitation of education applies to continuing education, orientation, and competencies.

Educational development models may assist the NSE in preparation and implementation of education and may include several instructional models, including ADDIE (Hsu, Lee-Hsieh, Turton, & Cheng, 2014), APIE, and ASSURE (Case Di Leonardi, 2014).

ADDIE is an instructional model used for the instructional design for online learning and mirrors the nursing process. The acronym represents:

- **Analyze:** Identify the target audience and knowledge gap.
- **Design:** Consider options for strategies in bringing content to the learner.
- **Develop:** Determine the plan to carry out the education.
- **Implement:** Provide the education as developed in the educational plan.
- **Evaluate:** Review and consider the success of the plan.

The APIE nursing process model is a model for delivery of nursing care; however, this acronym fits well with nursing education steps:

- **Assessment:** Identify learning population and gaps in knowledge.