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## Putting It All Together: The Orientation Plan

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**F**inding skilled ambulatory nurses is a challenge. Some attribute this to the nursing shortage, while some argue that nursing schools inadequately teach the concepts of ambulatory nursing. Although nurses may use the same basic skills in various settings (such as collaboration, critical thinking, and assessment), how these skills are carried out in the ambulatory setting is unique (see Table 1). For example, documentation of care in ambulatory care nursing builds on each encounter and is longitudinal, while acute care is built on that admission. The ambulatory nurse is expected to make rapid assessments over the phone and in person for as many as 50 patients in a day. In light of these differences, an orientation for a nurse to a new nursing position in ambulatory care is not only worthwhile but necessary, regardless of how “seasoned” that nurse is.

The goal of an orientation plan for a nurse is to ensure the new employee has the skills and knowledge to deliver safe, ethical, and competent patient care. Orientation plays a key role in reducing employee turnover, contributing to patient safety, and ensuring a competently trained staff. The Joint Commission (2004) found that 63% of sentinel events are the result of little or no orientation to a new job or position. In addition, poor training and orientation is linked to a 15% turnover rate the first year at a great cost to the employer (Marcum & West, 2004). The chapters in this book were developed to assist educators, managers, organizations, and others in developing an effective competency-based orientation plan for their nursing staff.

### Planning the Orientation

The *Core Curriculum for Ambulatory Care Nursing* (Laughlin, 2006) defines orientation as a planned process for introducing a new employee to the work setting and assessing the ability of the individual to perform basic job requirements.

Literature supports an orientation plan that is competency-based and flexible enough to meet the individual learning needs of the employee while supporting the mission and vision of the organization. A plan for a nurse transferring from another ambulatory setting and a nurse transitioning to ambulatory care for the first time will look different, but all plans are grounded in the standards of practice.

Components of an orientation plan can be identified and designed using various frameworks such as the nursing process (Alspach, 1996). Orientation plans should include an assessment to identify needs and assist with planning, implementation, and evaluation (Dignan & Carr, 1992). Orientation plans move from a global overview of the organization into job-specific competencies (see example in Table 2). An overview of the organization is a good starting point, but is inadequate in meeting the needs of the new employee in understanding the job duties and assessing the competencies required of the new position. The orientation plan may include ongoing training needs identified during this orientation phase. Orientation plans build on the competencies of the new employee and should always include an evaluation component. Examples of tools and processes which can be used to plan the orientation education and validate

**Table 1.**  
**Difference Between Nursing Role in Ambulatory and Inpatient Settings**

Aspect of Role	Inpatient Practice	Ambulatory Practice
Treatment episode	Inpatient admission	Visit or phone encounter
Observation mode	Direct and continuous	Episodic, often using patient as informant
Management and treatment plan	By nurse with input from patient and family	By patient or family with input from the nurse
Primary intervention mode	Direct	Consultative
Organizational presence of nursing	Nurse-managed department	May or may not be formal structure for nursing
Workload variability and intensity	Determined by bed capacity and admission criteria	Theoretically determined by scheduling system

**Source:** Reprinted from Hastings, 2006.

Subtopic	Elements	Competency Statement
Priority Management	<ul style="list-style-type: none"> <li>➤ Rapid and efficient triage</li> <li>➤ Appropriate care at the appropriate level; right access, time frame, providers, care and follow-up</li> <li>➤ RN interventions focused on patients with complex and emergent nursing needs</li> </ul>	Directs the flow of patients and staff to assure patients are adequately managed, and the clinic runs smoothly and effectively.
Delegation and Supervision	<ul style="list-style-type: none"> <li>➤ Patient care and work performance standards</li> <li>➤ Professional practice standards, role expectation, and level of competency</li> <li>➤ Right task assigned to the right person</li> <li>➤ RN proprietary of patient assessment and coordination of care</li> <li>➤ Delegated task supported by clear, concise descriptions with expected task outcomes, timelines and resources</li> <li>➤ Supervision and evaluation of the progress of assigned task and outcomes</li> <li>➤ Staff feedback; respectful, constructive, and non-confrontational</li> </ul>	<p>Directs and guides the performance outcomes of RNs, LPN/LVNs, and UAPs as manifested in the state practice act/ guidelines and the institution's job descriptions.</p> <p>Practice embodies legal responsibilities and delegation, supervision, and communication principles.</p>

## 8. Dimension: Multicultural Nursing Care in the Ambulatory Care Setting

### Definition:

Multicultural nursing care recognizes the cultural values and beliefs individuals and groups bring to the health care setting.

### Introduction:

Ambulatory nursing care occurs within a multicultural environment. RNs need an understanding of cultural beliefs and practices to effectively plan and provide culturally competent care. Culture and beliefs impact prevention, health maintenance, and self-care management. References describe three components of multicultural health care delivery and indicate care should be culturally sensitive, culturally appropriate, and culturally competent (Spector, 2004). It is unrealistic for RNs to become competent with all cultural groups; however, learning about predominant cultural groups in the geographic area in which they practice is paramount.

### Key Action Tips:

- Providing culturally competent healthcare is a professional and social mandate in modern healthcare.
- The RN must explore one's own cultural background, values, and beliefs – especially related to health and healthcare.
- The RN must examine one's own cultural biases towards people whose culture differs from one's own culture.

### Example: Multicultural Needs

#### • Problem

Clinic data reflects an increase in the diabetic population during the past three years. Analysis of the data identifies an increase in the Hispanic diabetic population. A major component of treatment for diabetes is healthy diet. Current education materials do not include healthy approaches to preparing foods common to Hispanics.

### Clinical Nursing Practice Competencies, Office Visit

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**T**he worlds of Informatics and Evidence-Based Practice have changed the office visit. Nurses are increasingly challenged to provide nursing care and patient education using the most up-to-date practices. Electronic medical records (EMR) allow sharing of information across nursing and medical disciplines and can incorporate patient participation. The patient may have access to portions of the medical record and be able to communicate with medical personnel via their personal computers or other electronic devices (e-communicate).

E-communication and Telephonic encounters offer opportunity to speed patient assessment, to reduce face-to-face visits, to increase the types of patient education offerings, and may increase patient safety. An effective EMR will allow connection to electronic safety nets such as medication review and chronic disease registries that can decrease the chance of errors. Nursing practice and office work flows may improve based on the use of electronic schedules, and data collection with analysis. The Internet and Intranets offer volumes of professional literature that can assist in connecting the patient to community resources.

In the midst of the Informatics and Evidence-Based Practice world, the nurse remains challenged to integrate the theoretical and clinical knowledge to plan, direct, coordinate, and evaluate the delivery of quality care. Orientation practices for new employees focus on the assessment, screening, and triage of presenting symptoms and risk factors to deliver effective nursing care and client education (Laughlin, 2006). The nursing process is the keystone for assessment, planning, implementa-

tion, evaluation, and documentation of the care and education provided. Appropriate consultation with health team members and utilization of organizational processes will flow from the assessment process. Management of the acute, chronic, or episodic presenting problems need to include consideration of the client's primary language, culture, spiritual and emotional concerns, learning style, educational level, age considerations, sexual preference, and utilization of listening techniques to establish a therapeutic nurse-client relationship.

The degree of independence with which a registered nurse provides or delegates nursing care will be dependent upon state regulations and organizational policies in the area in which the nurse practices. A planned orientation and competency assessment maximizes the success of the nurse in daily practice. Effective orientation and professional development lead to providing clients with quality nursing outcomes and staff retention. These have professional and economic ramifications that can impact the individual nurse and the medical practice area, as well as the patient.

This chapter will reflect the professional nursing role in the most common areas of ambulatory nursing practice. Key components of the topics have been defined and examples are provided in chart form so you may select from the menu to create a plan that fits your organization and individual work setting.



Subtopic	Elements	Competency Statement
Differentiates Between Ethical and Legal Issues	<ul style="list-style-type: none"> <li>➤ Adherence to the standard of care as it relates to participating in the identification and resolution of ethical concerns, utilizing professional codes of ethics within institutional parameters</li> <li>➤ The Health Insurance Portability and Accountability Act (HIPAA) of 1996 delineates the patient's rights and responsibilities related to confidentiality of information, personal privacy and self-determination (HIPAA definition, HHS Office of Civil Rights)</li> <li>➤ Differentiates assessment or care delivery and treatment based on client needs; advocates for appropriate care, including working through an appeals process with insurance carriers when needed</li> <li>➤ Provide a staff mix appropriate to the intensity level of patients as supported by evidence or research-based staffing pattern designed for ambulatory care settings</li> </ul>	Comprehends and incorporates ethical behavior into practice.
Laws That Govern Practice	<ul style="list-style-type: none"> <li>➤ Nurse Practice Act</li> <li>➤ American Nurses Association (ANA) Code of Ethics for Nurses</li> <li>➤ ANA Ethics in Nursing: position statement and guidelines</li> <li>➤ AACN value statement/ethic codes</li> </ul>	Functions within his or her scope of practice as defined by the State Board of Nursing.
Ethical Principles	<ul style="list-style-type: none"> <li>➤ Communicate work to staff and patients</li> <li>➤ Provides a voice for patients and educates patients on their rights: Patient's Bill of Rights</li> <li>➤ Autonomy: self-determination, the freedom to choose one's own course of action, Advanced Directives, or Patient's Proxy</li> <li>➤ Beneficence: doing good</li> <li>➤ Non-maleficence: acting in a way that avoids, harms (either intentional harm or harm as an unintended outcome)</li> <li>➤ Confidentiality: to protect the patient's and family's right to privacy, guarding information that the nurse or institution holds regarding the patient (HIPAA)</li> <li>➤ Justice: fair, equitable distribution of resources</li> <li>➤ Veracity: truth telling</li> <li>➤ Fidelity: faithfulness</li> </ul>	Incorporates legal and ethical principles into nursing practice.

## Telehealth Nursing Practice Orientation Competencies

Employee: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Orientation Competencies	Novice/Expert Weight Factor	Tested	Observed	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
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Complies with call management standards:

1. Answers phone on or before 3 rings for  $\geq 85\%$  of all calls handled.
2. Responds to highest priority call in queue.
3. Call back to caller leaving message within 30 minutes for  $\geq 85\%$  of all calls handled.
4. Maintains professional composure in high-stress, emotional situations.
5. Maintains confidentiality of all interactions.
6. Manages  $\geq 85\%$  of population specific calls within the LOC benchmarks established by call center.

Source: Becker, 1999.

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### Resources

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- University of Michigan, The. (n.d.). *Competency program guidelines*.

Nursing Process	Purpose	Reframed Common Problem-Solving Approach Steps
Assessment	<ul style="list-style-type: none"> <li>➤ Assess situation</li> <li>➤ Systematic approach to assess situation</li> <li>➤ Obtain subjective and objective data</li> <li>➤ Verify and organize data</li> <li>➤ Triage and prioritize data</li> </ul>	Describe the problem.
Diagnosis	<ul style="list-style-type: none"> <li>➤ Analyzes data</li> <li>➤ Defines the problem</li> <li>➤ Diagnosis provides clinical direction</li> </ul>	Analyze the cause.
Planning	<ul style="list-style-type: none"> <li>➤ Defines specific action for achieving goals and desired outcomes that guide the implementation process</li> <li>➤ Establishes realistic goals that are objective, realistic, and measurable</li> </ul>	Identify and assess options.
Implementation	<ul style="list-style-type: none"> <li>➤ Individualized priority actions performed to achieve specified goal</li> </ul>	Choose one option and implement it.
Evaluation	<ul style="list-style-type: none"> <li>➤ Assessment of response and degree of response to plan of care</li> <li>➤ Reassessment or re-planning</li> </ul>	Evaluate outcomes.

brainstorming, root analysis, research, networking, and cause and effect analysis, but too often we overlook utilization of the nursing process. While an array of problem-solving approaches exist, most are generally comprised of all or part of the nursing process, a systematic framework promoting critical thinking and decision-making. Staff educators are encouraged to consider the nursing process framework as they problem-solve and lead others to resolve daily challenges.

**Scenario: Repeat Blood Pressure Monitoring**

1. Re-examine the action plan you developed for Robin. Does it correlate to the five steps of the nursing process framework? If not, what's missing in your action plan?
2. What priority metrics did you include in the action plan you developed for Robin? Are they relevant and quantifiable?

An ongoing challenge of ambulatory care nursing is its acknowledgement as a specialty. To this aim, AACN has identified advocacy as one of its goals; nurses, employers, and third party payers will recognize and value ambulatory care nursing. Advocacy is the proactive process of addressing issues of concern to wield influence on behalf of people, or a concept to bring about social, political, and economic changes. Florence Nightingale thrived as an activist and utilized her talents to reform the world at large even when she became an invalid. Without setting one foot in India, she intervened in its politics, chastising her government for periodic famines that took the lives of 20 million people during British rule (Hanink, 2009). Similarly, ambulatory staff educators reside in tactical positions to articulate the difference between nurses' roles in the ambulatory and inpatient setting, using variables identified by AACN to distinguish and promote ambulatory care nursing as a specialty. The distinctions between nurse practice in the inpatient setting and that of ambulatory care are generally not recognized and appreciated by health-care organizations. Staff educators must exert every opportunity to convey the distinctions to embody a mutual respect and esteem for the unique characteristics of each entity and their role and contributions within the context of healthcare. Both entities are invaluable. The educator's ability to articulate ambulatory care's fundamental mission, vision, goals and objectives, and supporting systems and processes, including staff skill set, is requisite for advocacy. Active membership in AACN, submersion in its functions, tapping into its available resources, and networking are invaluable toward this end. Educators as leaders retain accountability to influence the care agenda through modeling, communication, organizational visibility, and consultation.

**Scenario: Repeat Blood Pressure Monitoring**

1. What opportunities are available for Robin to advocate for ambulatory care nursing as a specialty in the project she has been assigned? Be specific.
2. What benefits could Robin receive to assist her advocacy for ambulatory nursing at her facility by being an active member AACN?

*Advocacy*, a staff educator role element, is allied with the change agent function. A *change agent* is someone that brings about, or helps bring about change by assisting people to increase their productivity and quality of services. A change agent is self-motivated, future oriented, goal-driven, passionate, and inspires and understands others. Although the definition may sound lofty, change is not to be underestimated. It is hard work. Change removes us from our comfort zone and does not always yield the intended results. Additionally, change requires the staff educator to call upon a wide-range of skill depending upon the task at



Evidenced-based practice is demonstrated through nursing practice indicators related to staffing issues, assessment skills, and patient outcomes. It has become important to develop and implement research in daily practice to solve unsolved questions, offer new solutions to old issues, and work with colleagues to optimize care through integrative practice solutions (Attwood, 2009). Evidenced-based interventions are defined by multidisciplinary care teams of physicians, nurses, pharmacists, radiologists, laboratory staff, dietitians, and others sharing ideas and developing creative ways to improve patient care. The nurse educator must keep a watchful eye on the rapid changes in practice standards as more evidence-based care initiatives are validated.

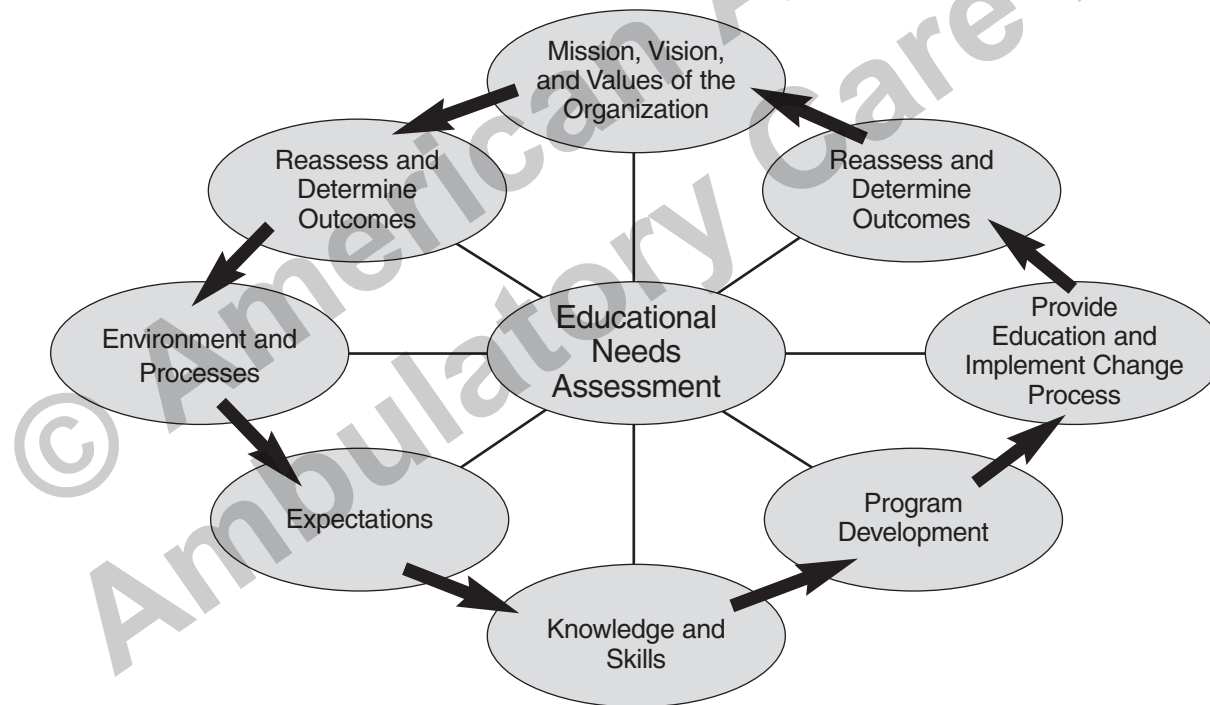
The National Quality Forum (NQF) has developed voluntary standards for ambulatory care focusing on management of chronic diseases and disease prevention ([www.qualityforum.org/nursing/](http://www.qualityforum.org/nursing/)). The educator

should review the evidence, understand current work flows, and develop educational initiative to keep staff abreast of new innovations.

Regulatory guidelines provide a professional frame for program planning. The Joint Commission and Accreditation Association for Ambulatory Health Care provide standards which must be met for accreditation of the organization. The standards provide a benchmark for care excellence. These standards are available on the respective organization's Web sites.

Professional nurse organizations such as American Nurses Association, National Nursing Staff Development Organization, and American Academy of Ambulatory Care Nursing provide resources, guidelines, and written professional standards for the educator. These organizations and agencies provide rich resources which the educator may incorporate into educational initiatives.

### Educational Needs Assessment: A Continuous Process



## ADULT LEARNING PRINCIPLES

There are four well-established characteristics of adult learning. The goal of utilizing adult learning principles is to improve staff performance, resulting in an increase in the quality of health care provided to patients. The effectiveness of the adult learning principals depends upon their application to the learning strategies employed in the presentation (Avillion, 2005, pp. 41-48).

1. Adults are self-directed learners
  - Advertise the purpose of the education
  - Offer the program at times and in a way that is as convenient as possible
  - Provide clear learning objectives
  - Share the impact of their learning on patient care (e.g., percent improvement in an area)
2. Adults bring life experience to the learning situation
  - Encourage sharing of relevant experience
  - Give credit to staff who provided experiences for distance learning
  - Treat experiences with respect
3. Adults focus on knowledge and skills needed to perform their job or improve their own life
  - Provide opportunities for mandatory education to be challenged with an exam or competency skill check for those whose role frequently utilizes specific skill sets
4. Adults respond to both internal and external motivators
  - Intrinsic motivators include increased self-esteem, job satisfaction, and ability to manage stress
  - Extrinsic motivators include promotions, salary increases, improved job opportunities, and better working conditions
  - Incorporate motivators into the education

## CREATIVE AND DIVERSE TEACHING STRATEGIES

There is need to address the ever-changing nursing issues, technology, organizational and professional values, license and certification requirements, department processes, and legal compliance with a variety of learner-effective and cost-effective methods. Ways that nurses learn include: ask for help, watch someone else do it, look it up (printed or online), journal reading, educated guess, and continuing education. Teaching strategies and modalities can address each of these learning methods.

### *E-Learning/Distance Learning*

Distance learning was originally paper- and pencil-based. While this format is sometimes used, more and more frequently distance education is being provided by e-learning. Distance learning has expanded the pos-

sibilities for providing timely education to multiple staff members in a cost-effective manner. It has added a new dimension to the learning environment. E-learning/distance learning incorporates audio conferences, video conferences, and computer-based learning. Computer-based learning ranges from DVD or video, which provide individual learning, to interactive Webinars. Distance learning is an \$11 billion a year industry (Mangold, 2007, pp. 21-23).

### *E-learning advantages:*

- Interactive or individual learning opportunities
- Endless opportunity to offer the course or program
- Easy to build and use for quick response to new requests or requirements

### *E-learning requirements:*

- Software platform with license agreement
- Availability of appropriate computer hardware
- Keep responses to simple point and click

### *E-learning is usually thought of as computer-based, but also includes:*

- Audio conference
- Transfer of information from traditional lecture to CD format with and without audio (individual learning)
- Video conference
- Webinar
- Videos and DVDs

### *Simulation and Skill Demonstration*

Simulation varies from multiple types of equipment set-ups, to use of traditional models and manikins, to electronically-controlled manikins. The American Heart Association course scenarios are a common example of collaborative learning. Equipment education is often provided online and is an example of individual learning by simulation. No matter how simple or complex the equipment or skill being demonstrated, debriefing and feedback following the demonstration are key to having the greatest educational impact from the simulation/demonstration.

### *Advantages of simulation:*

- Allows individual and collaborative learning
- Provides multiple opportunities to improve skill sets
- Provides practice with high-risk patient situations in a safe environment
- Offers role-playing opportunities for multiple health care team members, patients, and family
- Traditional Mock Code scenarios are an example of collaborative learning

Subtopic	Elements	Competency Statement
Program Evaluation	<ul style="list-style-type: none"> <li>➤ Purpose, goals, and objectives achievement</li> <li>➤ Staff competence levels and improvement progression</li> <li>➤ Operational integration of program content by participants</li> <li>➤ Staff satisfaction</li> <li>➤ Stakeholder satisfaction</li> <li>➤ Direct and indirect correlation of program outcomes to organization's strategic goals</li> <li>➤ Planning and prioritization of future education programs and teaching strategies</li> </ul>	Uses varied feedback and outcomes to appraise program effectiveness.

### Purpose, Goals, and Objectives Achievement

When planning staff education, care should be taken to place the horse before the cart. That is, define not only where you are going, but also why and how. The process of developing an educational program should include:

- I. Needs assessment of all stakeholders
- II. Planning the program to include indentifying the goals. When setting the goals and objectives for the educational program, they should be made specific, measurable, achievable (e.g., do not set a goal that all participants achieve 100% on a knowledge test), relevant, and time-bound.
- III. Implementation and ongoing assessment
- IV. Evaluation to demonstrate achievement of program goals and evaluate the value of the program to the organization (Clifford, Goldschmidt, & O'Connor, 2007; Hamer, 2008) identified 4 levels for evaluating educational programs:
  - How well participants like the program (staff satisfaction)
  - Whether or not learning occurred during the program (staff competence/progression)
  - Whether or not the program changed behavior (operational integration)
  - Whether or not the cost of the program was justified (goals and objectives were met)

### Staff Competence Levels and Improvement Progression

Competence assessment is performance evaluation based on expectations set up front. However, confusion continues to exist around the words *competence* and *competency*. Donna Wright defines competence as

“the application of knowledge, skills, and behaviors that are needed to fulfill organizational, departmental and work setting requirements” (Wright, 2005, p. 8). Once *competence* is defined for a program, then the level of competence for each set of skills or knowledge must be pre-determined. (Does a score of 90% equate to competence, or do they need to achieve 100%?)

If an employee is not meeting the defined expectation, the educator must determine the reason. One acronym to use is “APES,” that is, is it an Attitude, Process, Educational, or Systems problem? Education is only one piece. Having all stakeholders involved in the program from the beginning allows the organization to become aware that not all performance issues are related to education.

Consequences for not meeting the predetermined expectation must be made clear up front. For example, a nurse who does not meet the expectations for post-program competency with peripheral IV starts would not be allowed to start a peripheral IV on a patient until expectations are met. Stakeholder (staff, management, and administration) buy-in for the pre-determined expectations and the consequences of not meeting expectations is crucial.

### Operational Integration of Program Content by Participants

One challenge has been that competency does not always lead to effective performance. Competency is often viewed as initial skill and knowledge (skill check-off, test), while performance is viewed as skill in an ongoing, real practice setting. Evaluation of learning must occur to see if knowledge was transferred from the learning setting to the clinical setting (Clifford et al., 2007).

**Key Action Tips:**

- Learn and practice with new delivery methods for imparting information, including, but not limited to, online interactive learning, RSS feeds, blogs, wikis, mash-ups, and the like.

**Example:**

Utilizing innovative technologies to enhance learning outside of the classroom setting, nurses can avail themselves of available classes and resources through continuing education courses, books, articles, and hands-on training with IT professionals. Use of Web 2.0 technologies and offering a class on their use could be a helpful way to mesh new advances into effective time-focused educational offerings for staff members.

**Maintains Clinical Competency****Definition:**

The nursing staff educator will maintain competence in clinical practice.

**Introduction:**

In order to be a confident, informed educator, the nursing staff educator will need to search out opportunities to continue to exhibit exemplary clinical practice within the practice setting.

**Key Action Tips:**

Work collegially with staff members to ensure clinical competence in procedures and processes of the practice while using nursing assessment skills to enhance patient care and positive patient outcomes. Attend appropriate educational offerings that focus on skill-building in clinical practice.

**Example:**

The nursing staff educator can retain, maintain, and grow clinical skills by working per diem shifts as appropriate. The nurse educator can also serve on the institutional Nursing Policy and Procedure Committee.

**Pursues Continuing Education****Definition:**

The nursing staff educator will continue to pursue continuing education opportunities through state/national nursing and/or management certifications and pursue additional academic preparation through undergraduate, graduate, post-graduate, and/or doctoral level studies.

**Introduction:**

Keeping abreast in a health care environment that changes and grows increasingly more complex is a primary challenge as well as an opportunity for the nurse educator. By working to be a role model and mentor for continued professional growth and development, the practice and its staff members will be able to provide ever more sophisticated, competent, and care-centered clinical practice to improve patient outcomes.

**Key Action Tips:**

- Serve on boards of schools of medical assistants, licensed practical/vocational, and registered nurses in a consultative role.
- Pursue continuing education from a variety of resources, such as online continuing education and conference attendance.
- Continue to build competencies in practice and education by pursuing post-graduate education in nursing or health-related fields.

**Example:**

The nurse staff educator could partner with local schools or universities to offer the practice site as an off campus location for degree seeking employees. In addition, the nurse staff educator could coordinate study groups that meet within the practice over lunch periods or before or after work to assist employees to find resources to assist them in their educational endeavors.

**Reference**

Wright, D. (2005). *The ultimate guide to competency assessment in health care* (3<sup>rd</sup> ed.). Minneapolis, MN: Creative Healthcare Management, Inc.

## Competency Needs

In an effort to provide patients with an optimal plan of care, it is important for ambulatory care nurses to be competent in their skills. Some areas of skills are:

- Clinical knowledge and skill specific to the area of practice and population served
- Telephone triage/assessment
- Care/case management
- Collaboration in management and delivery of care
- Relationships with patients and families
- Health education
- Leadership
- Process/quality improvement

## How Does Ambulatory Care Monitor or Measure Performance?

Similar to other nursing venues (i.e., acute care LTC), ambulatory care has performance measures for disease management and patient satisfaction. Here are common items being measured and trended in most ambulatory care venues.

## Ambulatory Care Quality Measures

There are 2 domains that are measured in ambulatory care: clinical and non-clinical domain.

Clinical domains are:

- Immunization rates
- Health maintenance screening rates
- Disease-specific management
  - Cardiovascular
  - COPD
  - Diabetes
  - Hypertension
  - Mental health
  - Musculoskeletal

Non-clinical domains include:

- Access to care
  - Appointment availability
  - Telephone access
- Productivity indices
- Financial indices
- Satisfaction

## Know what resources are available to provide the best patient interventions.

Here are some of the various patient intervention guidelines that are available:

### Federal Resources (not an exhaustive list)

- U.S. Department of Health and Human Services
  - Administration on Aging (AoA)
  - Agency for Healthcare Research and Quality (AHRQ)
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
  - Food and Drug Administration (FDA)
  - Health Resources and Services Administration (HRSA)
  - Indian Health Services (IHS)
  - National Institutes of Health (NIH)
  - The National Women's Health Information Center (OWH)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Institutes of Health
  - National Cancer Institute
  - National Center for Complementary and Alternative Medicine
  - National Heart, Lung, and Blood Institute
  - National Institute of Diabetes and Digestive and Kidney Disease
  - National Institutes of Health – Senior Health
  - National Institute on Aging
  - National Institute for Allergies and Infectious Diseases
  - National Library of Medicine
- U.S. Army Center for Health Promotion and Preventive Medicine
- U.S. Department of Veterans Affairs
  - National Center for Health Promotion and Disease Prevention
  - Office of Public Health and Environmental Hazards
  - Infection: Don't Pass It On



**KELSEY-SEYBOLD CLINIC - QUALITY MANAGEMENT**  
**NURSING STAFF MEDICAL RECORD REVIEW**

Name \_\_\_\_\_ Employee Number \_\_\_\_\_  
Site \_\_\_\_\_ Dept \_\_\_\_\_  
Review Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_

INSTRUCTIONS						Information not required				
<u>1</u> = YES: Information Documented		<u>0</u> = NO: Information Not Documented		NA = for site, dept. or position						
Chart no.	DOB	Chart no.	DOB	#1	#2	#3	#4	#5	Actual	Possible
1		4								
2		5								
3										
<b>1. Direct Patient Care: Rooms patient, gathers information</b>										
<b>Pediatric Specific</b>										
1. FOC: Measured and graphed birth to 12 month										
2. BP: Annually (3-6 years), every 2 years (6-18 years)										
3. Growth Chart: Ht and Wt current to age										
4. Immunization Record Documentation: Immunizations documented appropriately, i.e., authorization, date, dose, mfg., lot #, site, signature										
5. TB screen completed annually age 1-18 yr.										
6. Lead screen completed at 9 – 12 mos. and at 2 yr.										
7. Other tests: Peak flow, urine dip, hemocult, pregnancy, finger stick glucose, documented correctly										
<b>Adult Specific</b>										
1. Adult: Weight, Height, Vital Signs										
2. Advanced Directive: given opportunity for info, forms										
3. Adult immunizations: Tetanus q 10 yr.										
4. Pneumovax (age 65)										
5. Other tests: Peak flow, urine dip, hemocult, pregnancy, finger stick glucose, documented correctly										
<b>OB Specific</b>										
1. LMP										
2. Last PAP date										
3. Last Mammogram date										
<b>Management of Information</b>										
1. Encounter record identified with patient name and MR#										
2. Clinical Profile: Allergy/Adverse Reaction or NKA documented current to this visit										
3. Clinical Profile: Medication List current to this visit										
4. Entries authenticated (signed) with legal, legible signature and credentials										
5. Management of patient information (MOPI) audit in compliance										
6. Test results communicated within guidelines (2 weeks)										
<b>Education of Patient &amp; Family</b>										
1. Educational needs documented (education sheet) and updated										
2. Educational materials (brochures, sheets, booklets) given to patient documented										
3. Learning preference documented (ie language preference, verbal, hands on)										
<b>Pain Specific</b>										
1. Pain documented Level (0-5)										
<b>Legibility of Documentation</b>										
<b>TOTALS</b>										

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