What's In YOUR Toolbox?

Creating Competency-based learning and evaluations in the LTC setting
The presenter has nothing to disclose
Objectives

• Review current challenges in evaluating competency/learning in LTC setting
• Discuss the value of competency-based evaluations in the LTC setting
• Select competency-based activities to promote learning and support decision-making in the LTC setting
• Recognize the role of describing and feedback in competency-based assessments
Greetings from FL

- Sharing “lessons learned”
- Nursing staff only
Why Competency Test?

- Preventing re-hospitalization: AHCA top priority for 2016
- Mitigate risk exposure
- Improve hiring and recruitment efforts (get RIGHT employee)
- QAPI value: shows relationship between nursing department characteristics and the incidence of falls and facility-acquired pressure ulcers and infections.
- Increase satisfaction scores on resident discharge surveys
- Decrease workers compensation-associated injuries
What IS Competency ??

... "the knowledge, skills, ability and behaviors that a person possesses in order to perform tasks correctly and skillfully" (O'Shea, 2002).

- Majority of States define solely by CE completion for relicensure purposes (nurses)
- C.N.As competency (minimal, only at time of certification)
- Government agencies: completion of annual training topics
- Each organization is left to develop their own competencies in whatever format they like.
- Competency? Eh- depends on who you ask… (staff nurse vs manager vs resident)
Challenge Alert!

- Few standardized parameters surrounding assessment of competence.
- Lack of formal research to support the correlation between completion of CE modules and continuing competence related to practice outcomes.
- What research, literature, and parameters available designed for acute care or focus on pre-hire testing.
- Much is to satisfy check mark of having “done” competency testing.
- Most competency-based training programs consist of modules categorized into learning outcomes (summative).
- Competency “testing” has negative connotations.
- Validation of skills evaluators is issue: Who is assessing competency?
Challenges Unique to LTC

- Limited prospective employee pool
- Increasing diversity of nursing staff: experience, skill, knowledge (novice – expert)
- Large cohorts with different competency focus
- Lack of dedicated education champion
- Budget constraints
- Gap between geriatric competencies taught in school (IF any) and relevance to those practicing in LTC
- Increase in acuity of residents
LTC Challenge Alert!

- Lack of effective strategies for evaluating communication, team work and resident-centered care in the long-term care setting
- Staff: complacency, task-oriented
- Logistics: where to test, time, coverage on floor, lack of evaluators
- *Training topics* are regulated but not competency. No mandated competencies or prescribed way to assess competency.
Ultimate Goal(s) of Competency

- Staff integration of evidence-based practices (EBP) in providing resident care.
- Promotion of clinical expertise in the long-term care setting.
- Training tailored for staff who have common needs.
- Increased resident safety and satisfaction.
## Ultimate Goals of Competency (Performance) Assessment

### Value to employer

- Promotion of clinical expertise in the long-term care setting.

- Focus on specific training and development opportunities that will help them grow and strive for excellence.

- Training that is tailored for staff who have common needs.

- Increased resident safety and satisfaction.

- Retention: if employees are assisted in achieving additional competencies, education, and experience, their perceived value will be enhanced.

### Value to employee

- Understand the competencies expected in their job, the key behaviors to demonstrate, and steps needed to increase their proficiency levels.

- Discuss with their supervisors the employee’s strengths, areas for growth, and suggested training, and developmental activities.

- Know competencies needed to move into a new position.

- Appeals to generational learning styles.

- Retention: if employees are assisted in achieving additional competencies, education, and experience, their perceived value will be enhanced.
Develop a Frontier Mindset

Reset what/how you think about assessing competency

- Should be on-going
- Think beyond psychomotor skills
- Expect learning that can be repeated every time (affect)
- Shouldn’t wait until learner fails before we intervene
- Involves more than checklist and test
- Include “competencies” tied to resident discharge surveys, employee retention, quality of care? (Leadership, Cultural, Communication)
- Rebrand: “assessment”
- Consider learning and evaluation as ONE activity
- Create “safe” (emotionally) environment
Determine gaps / needs

Initial development

track

COMPETENCE

assess

modification

Follow up

Remediation
When click, can choose CNA or nurse and competency categories populate
Devising Competencies: Narrowing the Field

- Unit managers/ shift supervisors
- QAPI committee
- Quality Indicators
- Safety committee
- Deficiencies from previous survey
- Observations/ walking rounds
- Joint Commission 2016 N’tl Pt Safety Goals for LTC
- Ask the staff!
Competency Focus

Nurses
• Preventing re-hospitalization (sepsis)
• Early recognition of changes
• Managing others / delegation
• SBAR/ hand-off reports

Nursing Assistants
• BP
## In-the-moment performance assessment

<table>
<thead>
<tr>
<th>Pre-employment screening</th>
<th>New Employee Orientation</th>
<th>In-situ</th>
<th>Unit-based</th>
<th>Competency Fairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill set, checklist</td>
<td>Simulation</td>
<td>simulation</td>
<td>Display boards, critical reasoning</td>
<td>Skill set Simulation Critical reasoning modules</td>
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<td></td>
<td>Critical reasoning modules</td>
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</tr>
</tbody>
</table>

**Formative vs Summative**
### Learning
- Mock Code
- Role Play
- Simulation
- “Who dunnit” scenarios
- Boot camps
- Concept maps

### Evaluation
- Pre employment competency screening
- On-line modules
- Pre employment self-reported competency reporting
- Skills Fair
- Room of Errors
- Documentation
- Simulation
- Critical Reasoning modules

Select competency-based activities to promote learning and support decision-making in the LTC setting.
Pre-employment Assessment

- Transfer
- Perineal care
- VS
- Weight
- Workplace math
New Employee Orientation

Competency-based learning: Critical reasoning

Calculate THIS

Evaluate THIS

Competency-based learning: Critical reasoning
New Employee Orientation
ROOM OF ERRORS
Concept Maps

Good for groups, policy or skill review, debriefing
“Day in the Life”
Simulation

- Allows for testing/observing communication, prioritizing, decision-making skills
- Benefit to LTC (initiatives, themes)
  - preventing re hospitalization
  - safety
  - abuse
  - communication (handoff, SBAR, ID team)
    - documentation
- Fidelity options based on budget
- Low occurrence/high risk, high occurrence without risk of harm to resident
- Allows for learning through observation
- See patterns across job classifications, shifts, units
Simulation: Assessment / Observation
Simulation: Low volume, high-risk situations
Simulation: Safety
Simulation: Home health skills assessment
In Situ

- Simulation is physically incorporated into clinical environment.
- Done in actual clinical environment while working.
- Provides great realism
- Allows identification of latent threats and system issues that can compromise resident safety.

- Mock Code
- Room Presentation

Great when staff can’t leave floor
Critical Reasoning Scenarios

Good unit-based option
Critical Reasoning Scenarios

Choose Your PPE

Good unit-based option
Critical Reasoning Scenarios

“Oh no, she didn’t” situations
Unfolding Case Studies

http://www.nln.org/professional-development-programs/teaching-resources/aging
### SAMPLE: Competency Fair

<table>
<thead>
<tr>
<th><strong>Nurses</strong></th>
<th><strong>C.N.A</strong></th>
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<tbody>
<tr>
<td>hand-off report</td>
<td>Reference to NCP</td>
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<tr>
<td>recognition of issue</td>
<td>Recognition of safety issues</td>
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<tr>
<td>assessment</td>
<td>Prioritization of interventions</td>
</tr>
<tr>
<td>prioritizing of issues/ interventions</td>
<td>Performance of skills: ROM, transfer</td>
</tr>
<tr>
<td>communication: peer</td>
<td>Communication: peer</td>
</tr>
<tr>
<td></td>
<td>resident</td>
</tr>
<tr>
<td></td>
<td>family</td>
</tr>
<tr>
<td></td>
<td>documentation of event</td>
</tr>
</tbody>
</table>
Lessons Learned

- Let learner know ahead of time what will be evaluated
- If low occurrence skill, let know, post facility policies/procedures for review
- Cultural overlays
- Areas of weakness for future in-service development (safety, assessment, communication, resident teaching)
- Expect surprises: unexpected “Bright Stars! “
- Go small- what to do with large remediation pool
- Have a remediation plan: ??? What to do with poor performers
- Arrange remediation to follow within short timeframe
- Pair seasoned staff with “new” staff
- Debrief with managers, supervisors
Lessons Learned: Gaps Revealed (Nurses)

- Assessment issues
- > time to initiate interventions
- Quick to defer to next level provider
- Quick to treat before assessing
- Difficulty constructing documentation
- Documentation of edema
- Priority setting issues (can’t breathe, staff focused on teaching / dietary noncompliance)
- Elder speak

+ 

- Picked up on dietary, medication safety issues
- Good team communication
Lessons Learned: Gaps Revealed (C.N.A.)

- Math
- How to take off/put on sling
- Reference to NCP (ROM restrictions)
- Acknowledgment of family
- Using fingertips to handle
- Having “safety” conversation with high-risk for falls resident
- Gap with transfers: 11-7 shift
- Gave food to resident because they requested it - without checking NCP first

+ Recognized when needed nurse to intervene
+ Not leaving resident if in distress
observations for future focus

- Assessment & documentation “boot camps”

- Survey says.....documentation, ROM, assessment, BP

http://www.abdn.ac.uk/medical/bhs/tutorial.htm
Feedback

- Debriefing
- Feedback should be immediate
- Quality of feedback is important
- Rubric to evaluate (consistency validation, training of evaluators)
- Standardize evaluations
- Get comments from reflective logs
- Analyzed, met with DON, managers

- Formative vs summative learning
- Define competencies clearly. Develop/use valid, reliable assessments. Measure the right thing.
- Make sure learner/evaluator are both clear on what performance is needed (pre-brief)
- Outcomes should be state as “performance-based” abilities
Rubrics are the Key

- Grading rubric decreases subjective components of evaluation, keeps on track
- Devise clear performance outcomes (1 safety, 1 communication, 1 skill)
- Consider sharing rubrics ahead of time
- Prevents relying on memory for debriefing

- Utilize “Freeze Frame”
- Train/validate evaluators
- Debrief, let learner lead
- Choose feedback / debriefing location
<table>
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<th>Novice-to-Expert scale</th>
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<tr>
<td><strong>Knowledge</strong></td>
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<tr>
<td>1</td>
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<tr>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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</table>
Creighton Competency Evaluation Instrument (CCEI)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Staff Nurse Instructor Name:</th>
<th>0= Does not demonstrate competency</th>
<th>1= Demonstrates competency</th>
<th>NA= Not applicable</th>
<th>Date: <strong>/</strong>/__</th>
<th>COMMENTS:</th>
</tr>
</thead>
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<td>MM/DD/YYYY</td>
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**ASSESSMENT**
1. Obtains Pertinent Data
2. Performs Follow-Up Assessments as Needed
3. Assesses the Environment in an Orderly Manner

**COMMUNICATION**
4. Communicates Effectively with Intra/Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order)
5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching)
6. Documents Clearly, Concisely, & Accurately
7. Responds to Abnormal Findings Appropriately
8. Promotes Professionalism

**CLINICAL JUDGMENT**
10. Interprets Lab Results
11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data)
12. Prioritizes Appropriately
13. Performs Evidence Based Interventions
14. Provides Evidence Based Rationale for Interventions
15. Evaluates Evidence Based Interventions and Outcomes
16. Reflects on Clinical Experience
17. Delegates Appropriately

**PATIENT SAFETY**
18. Uses Patient Identifiers
20. Administers Medications Safely
21. Manages Technology and Equipment
22. Performs Procedures Correctly
23. Reflects on Potential Hazards and Errors

**COMMENTS**

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http://www.Creighton.edu/nursing/simulation/
Reflective logs

What surprised me most about this check-off day:

The most valuable thing I learned today was:

What would I do differently with this resident next time, based on my experience today?

The top priority or concern I had with this resident was:

Why? How did you know?

What other information would have been helpful to have to best care for the resident?
Reflect on THAT

“this activity helped me to realize how much the facility cares about how much C.N.As know about treating the residents.”

“the most valuable thing I learned today was always take precautions”

“this helped me think about what I did and how I did it”.
YOUR Turn

Select competency-based activities to promote learning and support decision making in the LTC setting.
Resources

- www.consultgerirn.org
- http://www.strategiesfornursemanagers.com/competency_tools.cfm
- http://hartfordign.org
- https://nursing.creighton.edu/academics/competency-evaluation-instrument
- http://www.abdn.ac.uk/medical/bhs/tutorial/tutorial.htm
- http://www.nln.org/professional-development-programs/teaching-resources/aging
Linda Shubert, MSN, RN
lshubert@rivergarden.org
References


• https://www.youtube.com/watch?v=snP8Y9qay-c#sthash.NtMvwa3S.dpuf
References

- [http://www.learningpathsinternational.com/blog/?p=5](http://www.learningpathsinternational.com/blog/?p=5)
- [https://www.jointcommission.org/assets/1/6/2016_NPSG_LT2.pdf](https://www.jointcommission.org/assets/1/6/2016_NPSG_LT2.pdf)