Preceptor Competency Tools

Dr. Arika Duchene, DNP, RN-BC, CCRN
Nursing Professional Development Specialist
Nurse Residency Program Coordinator

Introduction (Opening Activity 20 minutes)

• Opening Circle Activity
  • Share one key responsibility or expectation of a preceptor (round two, capture)

Objectives for Training Session

• Appreciate the rationale for changing to a QSEN (Quality and Safety Education for Nurses) Competency Based Orientation process when onboarding a new staff member (affective/attitude)
• Describe how to give and receive feedback using the Daily Orientee Evaluation Tool and Weekly Orientee Evaluation Tool (cognitive/knowledge)
• Demonstrate how to evaluate competency of a new staff member on key organizational priorities by using technology and online resources (Competency Validation Checklist, Department Specific Orientation Checklist, KSAs) (psychomotor/skill)
Guiding Definitions

- **Preceptor** – experienced and competent staff nurse who has attended the two day preceptor development training at UCLA health and who can serve as a role model and resource to new staff
- **Competency** – is an integration of knowledge, skills, and attitudes necessary to function in a specific role
- **Competency assessment** – is the documentation of a person’s demonstrated ability to achieve the expectations of a specific role as stated in the job description

Preceptor Roles

- **Leader** – sets, guides, and evaluates nursing goals and priorities
- **Influencer** – encourages adoption through sharing experiences and value
- **Facilitator** – continuous re-evaluation of needs and progress
- **Evaluator** – daily and weekly feedback based on criteria in which performance is measured, balance feedback with learner perception
- **Socialization agent** – to unit, organization, other members of the healthcare team; norms and unspoken expectations
- **Protector** – of patient and preceptee, create a safe space for asking questions, expression of concerns; teach constructive ways of dealing with lateral violence or bullying
- **Role model** – competence, professional behavior, holding other staff accountable for being role models as well
- **Coach** – how/when to build skills, promote reflection, critical thinking

Quality and Safety Education (QSEN)

Knowledge, Skills, Attitudes
Competency Based Orientation (Newly Licensed RNs)

Why the Change: Variability in the structures and processes for unit-based nursing orientation and initial competency validation across UCLA Health

- Current state: decreased reliability in practice, gaps in regulatory compliance, potential gaps in staff preparation for practice and overall retention implications
- Desired state: standardization of competency assessment to establish clear performance expectations for new hires to succeed and provide safe quality care
- How can we get to the desired state:
  - QSEN Competencies Framework
  - Knowledge, Skills, Attitude (KSA) Validation

QSEN Competency Based Orientation

- The QSEN (Quality and Safety Education for Nurses):
  - The overall goal for the QSEN project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work
  - The QSEN project began in 2005. Funded by the Robert Wood Johnson Foundation, the project had three phases between 2005 and 2012 (develop competencies, pilot schools, faculty training/AACN)
  - In February 2012, the Robert Wood Johnson Foundation awarded $964,388 in new funding to AACN to extend the reach of the national QSEN initiative to graduate education programs

The six QSEN competencies are:

- **Patient Centered Care**: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs
- **Teamwork and Collaboration**: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care
- **Evidence-Based Practice**: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care
- **Quality Improvement**: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems
- **Safety**: Minimize risk of harm to patients and providers through both system effectiveness and individual performance
- **Informatics**: Use information and technology to communicate, manage knowledge, mitigate error and support decision making
Teaching Strategies in 3 Learning Domains

- **Cognitive (Knowledge)** – focuses on knowledge and intellectual skills
  - Teaching strategies: lectures, presentations, tests, case studies, written material
  - Instructional levels: facts (recall), understanding (joining concepts), application (merging concepts and applying knowledge to new situations)
- **Psychomotor (Skill)** – focuses on skills and physical abilities
  - Teaching strategies: skill building, mock events, monitoring, demo, daily work
  - Instructional levels: imitation (demo, daily, chart reviews/pt), practice (repetition), habit (rapid, smooth, efficient)
- **Affective (Attitude)** – focuses on emotionally based behaviors
  - Teaching strategies: reflection (exemplars, self), discussion, storytelling, peer review
  - Instructional levels: awareness, distinction, integration

Knowledge, Skills, Attitude (KSA)

- **Knowledge (K)** – verbalizes the process or procedure
  - Example: Review the policy and can verbalize the steps to administer blood
- **Skills (S)** – performs a new skill according to policy or the standard of practice as outlined in Lippincott
  - Example: Can start 3 peripheral IVs with proper technique per policy
- **Attitudes (A)** – values, appreciates, and respects patients and families, members of the healthcare team, integration of the best clinical evidence in practice, continuous improvement of quality and safety, safety and risk minimization, and information technology
  - Example: Actively provides bedside shift report and encourages other nurses to actively participate at the bedside
Give and Receive Feedback

Daily Orientee Evaluation Tool
Weekly Orientee Evaluation Tool
Preceptor Evaluation Tool

Establishing a Relationship

- Spend time getting to know preceptee
  - Introvert/extrovert, logical/intuitive, communication/conflict style, independent/team oriented
- Agree on a signal that indicates you need to take over (mutual respect, always allowing to save face)
- Turn to the person next to you and determine a signal that works for you
- Be transparent and responsive
- Give and be open to receive
  - Establish a way to communicate that promotes a two-way flow and dialogue
  - Observe and respond to nonverbal communication clues
  - Make it safe – to allow the preceptee to ask questions or express concerns

Types of Feedback – Admission of a Patient

- Positive – affirms or reinforces performance
  - Documents all required areas “Congrats, you documented all required areas!” (feelings of success, enhances motivation for learning, reinforces desired behavior)
- Negative – inhibits or modifies performance
  - Doc. incomplete, “You did not document correctly.” (tends to discourage, reduce motivation, focus on what not doing well)
- Constructive – modify (like neg) with supportive language (like pos)
  - “I reviewed your documentation and found almost all areas well documented, I was surprised to find no entries for pt. allergies and med history, could you tell me why these were omitted?” (partial success, maintains motivation, reinforce and correct)
Sandwich Method

The Feedback Sandwich

- Positive Feedback
- Constructive Feedback
- Positive Feedback

B.E.E.R. Constructive Feedback Method

- Behavior (B) – What is the employee doing or not doing?
- Effect (E) – Why is the behavior unacceptable? How does it hurt productivity, patient outcomes, bother others, and so on?
- Expectation (E) – What do you expect the employee to do or not do to change?
- Results (R) – What will happen if the employee changes (positive) or this behavior continues (negative)?

Receiving Feedback – Teaching and Role Modeling Q’s
**Feedback Tool - Daily**

- Preceptor and Preceptee to complete “Daily Evaluation Tool” form.
- The “Goals” column serves as a template outlining specific clinical goals for each clinical day & week of orientation (e.g., Week 1; Day 1).
- Utilize Training Guidelines to guide goals and competencies to complete for each week.
- Charge nurse will make assignments based upon recommendation from Preceptee/Preceptor/CNS/Educator.

**Weekly Orientee Evaluation**

- Once per clinical week, the orientee/preceptor will meet with the CNS/Educator and a “Weekly Evaluation Tool” form will be filled out to identify each week’s accomplishments and opportunities for improvement.
- These weekly tools will show a progression.

**Precept(ee)(or) Role Play – Weekly Feedback (10 mins)**

- **Weekly Feedback Tool**
  - **Week 3 – (10 minutes)**
  - Scenarios – Preceptee needs to work on time management, delegation, critical thinking.
  - Preceptee – Fill out self-evaluation.
  - Preceptor – Make a plan for the next week.
  - Once the form is complete - practice giving feedback using the Sandwich Method.
Preceptor Evaluation Tool

- Listen carefully without interrupting
- Avoid objections
- Ask questions to gain clarity and understanding
- Thank the other person for providing feedback
- Discuss implementation

Evaluating Competency

Initial Competency Validation Checklist

KSAs

Evaluator Role

- Evaluator – daily and weekly feedback based on criteria in which performance is measured (this will be our focus for this section), balance feedback with learner perception
- Competency assessment – is the documentation of a person’s demonstrated ability to achieve the expectations of a specific role as stated in the job description
Navigation to the Initial Validation Checklist

• Step #1 – Go to https://www.uclahealth.org/nursing/professional-development and Click on Required Education and Competencies Portal

• Then Click on the Required Education & Competencies Portal → RN

Navigation to the Initial Validation Checklist

• Step #2 – Click on New Hire Initial General Nursing Competencies for RNs

Navigation to the Initial Validation Checklist

• Step #3 – Click on Initial Validation Checklist: Orientation RN

Initial Competency Toolkit:

The Initial Competency Toolkit includes elements of Knowledge, Skills, and Abilities in both the initial and annual evaluations. These evaluations will be completed by the supervisor and the RN/Charge RN. The list below will help you complete the toolkit:

- Initial Competency Validation - Checklist (Orientation, etc) - (Read-by-Step Instructions)
- Goal Oriented Evaluation
- Preceptor Evaluation
- Initial Competency Evaluation - Checklist (Orientation, etc) - (Read-by-Step Instructions)
- Initial Competency Evaluation - Checklist (Orientation, etc) - (Read-by-Step Instructions)
- Preceptor Competency Based Evaluation Criteria - Learning Module

Department Specific Orientation:

- Please complete all sections of the Department Specific Orientation before you can independently provide care or service and log into don't drink & drive.
- Upon completion, please return to your Unit Director, RN, or Charge Nurse.
- Department Specific Orientation Checklist
- Core Specific Self LEarning - Self-paced
- Complete in 1st 30 days
Navigation to the Initial Validation Checklist

• Step #4 – Open the Initial Validation Checklist
  https://www.uclahealth.org/nursing/workflows/CompetenciesEducation/2016-17/GeneralNursingInitialCompetencyChecklist-equipment08242017.pdf

Navigation to the Patient Education KSA

• Step #5 – On the Initial Competency Validation Checklist, each item will have a linkable KSA that preceptors will review and validate
  • Let’s Open and Complete the KSA

Patient Education KSA Dissection
Initial Competency Validation Checklist – Sign and Date

• Step #6 – Once the KSA is validated, initial and date each competency in the appropriate column

Activity – Navigation to the Competency Tools (10 mins) T5-6

• Triad groups (preceptor 1,2,3) - each group has one IPAD
• Each preceptor will complete the following steps (verify P1-P2, P2-P3, P3-P1)
  - Step #1 – Go to https://www.uclahealth.org/nursing/professional-development and click on Required Education and Competencies Portal
  - Step #2 – Click on New Hire Initial General Nursing Competencies for RNs
  - Step #3 – Click on Initial Validation Checklist: Orientation RN
  - Step #4 – Open the Initial Validation Checklist
  - Step #5 – Click on the linkable “Patient Education” KSA

Activity – Verification of Patient Education KSA (30 mins)

• Triad groups (preceptor 1,2,3) - each group has one IPAD
• Each preceptor will complete the following steps (verify P1-P2, P2-P3, P3-P1)
• Each preceptor will have 10 minutes to complete the steps below
  - Step #1 – View the “Patient Education” KSA by viewing both the IPAD online version and your hard copy version via your booklet (determine the combo that works for you)
  - Step #2 – Review the “Patient Education” KSA and think about how you will validate
  - Step #3 – Go through the KSA (this is your guide) with your preceptee
  - Step #4 – Validate that your preceptee can meet each item of the K.S.A, reinforcement, teaching, utilization of resources may need to be utilized in order to validate
  - Step #5 – Sign and date the hard copy
Planning for Session

• Daily Feedback Tool
• Weekly Feedback Tool
• IPAD, device
• Patient Education KSA

References