To Infinity and Beyond: Taking Nursing Competency to the Next Level
Introduction of Speakers

Janet Geskie, MS, RN-BC  Evangeline Estrella, MSN RN CCRN  Lisa Chung, DNP, RN-BC
Objectives

The learner will be able to:

• Discuss the reasons for an annual mandatory program
• Identify organizational needs related to an annual mandatory program
• Construct an annual mandatory program using multiple modalities
• Examine outcomes related to an annual program
Who Cares?
How was this accomplished?
“Experience has long been considered the best teacher of knowledge. Since we cannot experience everything, other people’s experiences, and hence other people, become the surrogate for knowledge. I store my knowledge in my friends’ is an axiom for collecting knowledge through collecting people.”  
Karen Stephenson
## Competency Validation

| Reason(s) for Assessment:* | A- ↑ Risk-↑ volume | B- ↑ Risk-↓ volume | C- ↓ Risk-↑ volume | D- New Equipment | E- Age related | F- Regulatory | G- Safety | H- Patient Satisfaction | I- Infection Control | J- Quality-Related | K- Learner’s needs | L- Policy change | M- Performance issue | N- New scope of practice | O- Professional development | P- Others: |
|---------------------------|-------------------|--------------------|--------------------|------------------|---------------|-------------|-----------|----------------------|-------------------|----------------|------------------|----------------|------------------|------------------|------------------------|------------------------|------------------|

<table>
<thead>
<tr>
<th>Recommended Validation Methods: **</th>
<th>A- Direct observation of actual behaviors in work environment</th>
<th>B- Indirect observation through superiors, peer reports, document reviews</th>
<th>C- Direct Observation in Simulated Laboratory</th>
<th>D- Documented results of test, oral or written</th>
<th>E- Other: employee feedback and demonstration</th>
</tr>
</thead>
</table>

---

*Reasons for Assessment:
- A - Increase in risk with increased volume
- B - Increase in risk with decreased volume
- C - Decrease in risk with increased volume
- D - New equipment
- E - Age-related
- F - Regulatory
- G - Safety
- H - Patient Satisfaction
- I - Infection Control
- J - Quality-Related
- K - Learner’s needs
- L - Policy change
- M - Performance issue
- N - New scope of practice
- O - Professional development
- P - Others:

**Recommended Validation Methods:
- A - Direct observation of actual behaviors in work environment
- B - Indirect observation through superiors, peer reports, document reviews
- C - Direct Observation in Simulated Laboratory
- D - Documented results of test, oral or written
- E - Other: employee feedback and demonstration
**NURSING ANNUAL COMPETENCY ASSESSMENT - 2017 RN SKILLS FAIR**

<table>
<thead>
<tr>
<th>Employee Name: (Print)</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Unit:</strong> Nursing</td>
<td><strong>Department:</strong> Nursing</td>
</tr>
</tbody>
</table>

**Reason(s) for Assessment:**
- A. Risk of volume
- B. Risk of volume
- C. Risk of volume
- D. New Equipment

**Recommended Validation Methods:**
- A. Direct observation of actual behaviors in work environment
- B. Indirect observation through superiors, peers, reports, document reviews
- C. Direct Observation in Simulated Laboratory
- D. Documented results of test, oral or written
- E. Other: 

**Reference(s):** Competency-Based Critical Elements for each competency item with recommended validation methods.

<table>
<thead>
<tr>
<th>Date</th>
<th>List of Competencies</th>
<th>Reason(s) *</th>
<th>Validation methods **</th>
<th>Met</th>
<th>Not met (see next page)</th>
<th>Assessment</th>
<th>Validator’s Name &amp; Job Title (prior)</th>
<th>Validator’s Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hand Hygiene</td>
<td>A, G, H, I</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Lisa Chang Educator</td>
<td>Janet Geskie/Aricelles Prince</td>
</tr>
<tr>
<td></td>
<td>Chest Compressions</td>
<td>B, J</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Janice Geskie Educator</td>
<td>Aricelles Prince Educator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evangeline Estrella Educator</td>
<td>Aricelles Prince Educator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Carolyn Wiltshire Educator</td>
<td>Aricelles Prince Educator</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Felicia Gill Aricelles Prince</td>
<td>Aricelles Prince</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Carolyn Wiltshire Janet Geskie/Aricelles Prince</td>
<td>Aricelles Prince</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evangeline Estrella/Aricelles Prince</td>
<td>Aricelles Prince</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B, F, G, J</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Carolyn Wiltshire Janet Geskie/Aricelles Prince</td>
<td>Aricelles Prince</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evangelina Estrella Janet Geskie</td>
<td>Aricelles Prince</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evangelina Estrella/Aricelles Prince</td>
<td>Aricelles Prince</td>
</tr>
</tbody>
</table>

- **EKG Recognition:**
  - Sepsis case
  - Code cart content review and med administration
  - A, G, J
  - X
  - X
  - X
  - Felicia Gill/Carolyn Wiltshire/Aricelles Prince

- **Patient Identification:**
  - A, G, H, I
  - X
  - X
  - X
  - Evangeline Estrella/Aricelles Prince/Janet Geskie

- **Chest Drainage Systems (Atrium Dry Suction):**
  - B, G, K
  - X
  - X
  - Carolyn Wiltshire Janet Geskie/Aricelles Prince

- **Accucheck Inform II:**
  - A, F, G
  - X
  - X
  - X
  - Carolyn Wiltshire/ Evanegeline Estrella/ Janet Geskie

- **Alaris pump:**
  - Guardrail compliance
  - Blood transfusion process/policy
  - G, K
  - X
  - X
  - X
  - Evangeline Estrella/Aricelles Prince/Janet Geskie

- **Central line dressing change; policy/process:**
  - A, G, J
  - X
  - X
  - X
  - Evangeline Estrella/Aricelles Prince/Janet Geskie

- **SeLF learning station:**
  - CAUTI
  - C. Diff
  - Blood Warmer
  - Hypo/ Hyperthermic
  - B, G, I, K, O
  - X
  - X
  - X
  - Janet Geskie/Lisa Chang/Aricelles Prince/Janet Geskie
Evidence Based Practice Workshop

PICOT Question
Methodology

- Case based scenarios
- Hands on demo/return demo
- Lecture/Discussion/ Q & A
- Group workshop
- Team learning
- Self-learning exercise
- Simulation
- Gaming
- TeamSTEPPSTM
Interdisciplinary Collaboration
Laboratory 101
Tracheostomy Care
Clinical Scene Investigation

https://youtu.be/BKCuTE90Dxk
Unfolding Case Study

https://youtu.be/eZQVLf6OVVE
Competency and Gaming

https://youtu.be/x0V9LntrK4s
STOP

Kahoot.it
Debrief

2018
Skills Fair Evaluation

- I feel the integration of technological resources has facilitated my learning
- I feel competent with utilizing knowledge and use of Room C - restraint; accu-chek; blood warmer; hypo/hyper thermia machine; infection control practices; chest tube
- I feel competent in the application of critical thinking to implement care for patient Room B - Unfolding Case Study
- I feel competent with utilizing knowledge and application of critical thinking skills Room A Clinical Scene Investigation
Outcomes

C-Diff

<table>
<thead>
<tr>
<th># of cases</th>
<th>2017</th>
<th>YTD 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CLABSI

<table>
<thead>
<tr>
<th># of cases</th>
<th>2017</th>
<th>YTD 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

CAUTI

<table>
<thead>
<tr>
<th># of cases</th>
<th>2017</th>
<th>YTD 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>0.5</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Performance Improvement</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Cancelled Bloods (specimens)</td>
<td>2720</td>
<td>2644</td>
</tr>
<tr>
<td>Mislabeled/Unlabeled (Events)</td>
<td>107</td>
<td>56</td>
</tr>
<tr>
<td>Blood Culture (mls)</td>
<td>6.7</td>
<td>8.3</td>
</tr>
</tbody>
</table>

BLOOD CULTURE VOLUMES*

*Optimal blood fill volumes (8-10mls) are critical to determine the diagnostic yield of blood cultures

RN Skills Program began

*Outside of the scope of this table, the RN Skills Program began in August, which likely contributed to the decrease in mislabeled/unlabeled events and increase in blood culture volumes.
Our Team
References


References

   www.Nursingmadeincrediblyeasy.com
   Educational technology, 31(5), 18-23.
   interprofessional education guided by Kolb's experiential learning theory.
   Clinical Simulation in Nursing, 10(5), e241-e247.