

Complex Care Integrated Program and Palliative Care

Competency-Based Orientation Package

For the Registered Nurse (RN) and Registered Practical Nurse (RPN)



Welcome to the Brant Community Healthcare System

Welcome to the Brant Community Healthcare System team! This is the beginning of an exciting journey in your career path! We know there are a lot of details involved in starting a new position – filling out the right paperwork, knowing where you need to be, and learning about important policies and procedures.

The Brant Community Healthcare System

In 1999, as part of the ongoing efforts in healthcare restructuring, the Willett Hospital in Paris and the Brantford General Hospital became The Brant Community Healthcare System (BCHS). This community wide system supports the improvement of programs and services that are provided through the two facilities. The BCHS is a fully accredited, national award winning healthcare organization, and an affiliated teaching site of McMaster University Michael G. DeGroote School of Medicine. The BCHS is an innovative organization completing Canada's 1st custom total knee replacement surgery and opening Canada's 1st fully automated hospital laboratory.

Competency Based Orientation:

- Defines skills and expectations required to perform the job safely and effectively
- Provides a “blueprint” for performance excellence
- Evaluates performance and identifies skill and competency gaps
- Defines resources available to aid new staff in meeting expectations
- Provides a “map” for ongoing direction and support
- Describes expectations of preceptor for teaching and validation
- Outputs of the learning experience

What is Competence?

Competence is the ability of a nurse to integrate and apply the knowledge, skills, judgements, attitudes, values, and beliefs required to practice safely and ethically in a designated role or setting (*CNO 2008*).

Competencies can be defined as a set of statements about the knowledge, skills, attitudes, and judgements required to perform safely within the scope of an individual’s nursing practice or in a designated role or setting (*CNO 2008*).

Continuing Competence is the ongoing ability to integrate and apply knowledge, skills and judgement required to practise safely and ethically. Continuing competency involves a continual process of linking the code of ethics, standards of practice and life-long learning. Reflection and continued practice improvement is an ongoing process.

Scope of Practice defines activities that nurses are educated and authorized to perform as set out in jurisdictional legislation (*CNO 2008*).

Self-Assessment is defined as learners taking initiative to assess their own education needs, set goals and objectives, plan and identify appropriate educational activities, implement these activities and, evaluate the outcomes.

What are the Benefits, Beliefs, and Guiding Principles of a Competency-Based Orientation Program?

1. Provides for safe practice and identifies expectations of competence as per Code of Ethics and Standards of Practice.
2. Defines a required behaviour within a designated job role.
3. Provides consistency in the orientation process.
4. Links individual performance to the goals of the organization.
5. Individualizes the orientation process to meet individual needs.
6. Provides ongoing direction and support to staff.
7. Encourages individuals to take responsibility for their own educational needs.
8. Monitors performance and helps to identify when an individual does not meet the organizational expectations.
9. Provides justification for an extension of the orientation **process by identifying goals that need to be met.**

Learning and Competency

- Learning is a process that should continue along the continuum of novice to expert.
- Competency must be assessed at 3 levels:
 - Technical
 - Critical Thinking
 - Interpersonal Skills
- Traditionally, the technical component has been the focus of the orientation process, HOWEVER...
 - MOST performance issues arise due to CRITICAL THINKING or INTERPERSONAL components

How do we Assess Competency?

- Self-Assessment
- Preceptor Assessment
- Written Tests/Medworxx Training
- Return Demonstrations
- Mock Scenarios
- Observation of Care/Task Performance



Core Components of the Team:

- ★ Inter-professional Communication
- ★ Teamwork
- ★ Knowledge Based Practice

The Orientation Process at BCHS

In the Beginning...

Once hired you will meet you will receive the orientation folder.

- Your Clinical Manager/Preceptor will explain the orientation program and answer any questions.
- Your Preceptor will provide you with an orientation of the unit and assist with hospital way finding.
- You will be asked to complete the clinical experience rating of the Competency-Based Assessment Tool.
- You will be scheduled for orientation shifts that comprise of Day and Nights.
- You will be assigned MedWorxx modules that must be completed during the orientation phase of your employment.
 - The MedWorxx are listed as resources for the various competencies in the assessment list.
- You, along with the Clinical Manager/Preceptor will develop a plan for orientation based on your identified learning needs.

In the Middle...

The Clinical Manager/Preceptor will meet with you mid-way through your orientation period to:

- Review the Competency-Based Assessment Tool
- Assist you to identify strategies to meet your learning needs

In the End...

At the end of your orientation period, the Clinical Manager/Preceptor will meet with you to:

- Review the Competency-Based Assessment Tool
 - Are there any incomplete items?
 - Is there need for further orientation?
 - Is there need to establish a learning plan to meet learning needs?
- Provide suggestion for ongoing support based on continuing learning needs.

Welcome! Unit Scavenger Hunt

| LOCATE THE FOLLOWING OUT AND ABOUT ON THE UNIT | FOUND IT! |
|--|-----------|
| Main Desk/Communication Station | |
| Nurse Call Bell System (demonstrate use) | |
| Fax Machine/Photocopier/Printer | |
| Schedule | |
| Sign in Sheets (understand request process, how to indicate availability, call in procedure for illness/absence) | |
| Daily assignment sheets, review, and understand break times | |
| Discharge Action Round Board | |
| Phone lists for hospital and Physicians | |
| Unit Manuals | |
| Medication Room (pharmacy drop box), Med. Fridge, COWS, Narcotic Keys | |
| Tube System | |
| Dumb Waiter | |
| Lab Labeler, Lab Label Box | |
| Glucometer Equipment | |
| Staff Room | |
| Staff Fridge | |
| Staff Washroom | |
| Visitor Washroom | |
| Patient Kitchen Items <ul style="list-style-type: none"> • Ice Machine, Microwave • Cups, utensils, snacks | |
| Patient Fridge (procedure for items in Patient Fridge) | |

| LOCATE THE FOLLOWING OUT AND ABOUT ON THE UNIT | | | | FOUND IT! |
|---|---|--|---|-----------|
| Public Phone | | | | |
| Dirty Core (biohazard garbage, battery disposal) | | | | |
| Isolation gowns, Isolation signs | | | | |
| Patient shower areas (what are the rules? i.e. infection control) | | | | |
| Flashlights for night shift | | | | |
| Clean Core | | | | |
| Supply Cart (in Clean Core): | <ul style="list-style-type: none"> • IV fluids • Syringes | <ul style="list-style-type: none"> • O2 supplies • Batteries | <ul style="list-style-type: none"> • Dressing Supplies | |
| Pumps: | <ul style="list-style-type: none"> • IV pump | <ul style="list-style-type: none"> • CADD pump | <ul style="list-style-type: none"> • Feed pump | |
| Equipment: | <ul style="list-style-type: none"> • Stretchers | <ul style="list-style-type: none"> • Wheelchair | <ul style="list-style-type: none"> • Walkers | |
| Fire extinguisher, pull stations, fire exits | | | | |
| Oxygen/Air Shut Off Valves | | | | |
| Code Blue Equipment | | | | |
| Restraint Kits (demonstrate knowledge of restraints, proper use, procedure for replenishment of kits) | | | | |
| Patient Education Material – what’s available? Check out the website | | | | |
| Patient’s room: <ul style="list-style-type: none"> • Emergency call bell in the bathroom • Bedside call bell system (do you know how to plug it in properly?) • Code Blue button • Oxygen set up • Suction set up • Pocket Masks • Bed Controls/Bed Alarms | | | | |
| Unit Huddle Board | | | | |

EMERGENCY CODES



| | |
|-----------------------------|--------|
| CARDIAC ARREST | BLUE |
| NEONATAL CARDIAC ARREST | PINK |
| FIRE | RED |
| EVACUATION | GREEN |
| EXTERNAL DISASTER | ORANGE |
| MISSING PATIENT | YELLOW |
| AGGRESSIVE INDIVIDUAL | WHITE |
| BOMB THREAT | BLACK |
| INFRASTRUCTURE LOSS/FAILURE | GREY |
| HOSTAGE TAKING | PURPLE |
| ACTIVE THREAT | SILVER |
| CHEMICAL SPILL | BROWN |

Learning Needs Assessment/Competency Model

The following information will assist you in completing the competency model to assess your present and future learning needs.

1. **Performance Criteria**

- This column lists general and specific knowledge, technical skills, communication/leadership and critical thinking skills that need to be covered during orientation. This knowledge provides a foundation for professional nursing. The professional nurse practices according to this knowledge, and builds upon it in order to develop and progress along the continuum from novice to expert within the identified core competencies.

2. **Learning Strategies/Resources**

- This column provides suggested resources (i.e.: videos, learning packages, articles, policy numbers, texts, and personnel) that you may utilize to achieve the required knowledge or skill.

3. **Evidence of Competence**

- This column suggests ways for you to demonstrate that you have achieved the knowledge, skill and judgment in this area of practice.

4. **Self-Assessment Rating**

- This provides an opportunity for you to evaluate and document your current learning needs. Review each skill and rate your ability according to the Novice to Expert continuum. If you rate yourself as an expert in an area, you should still review the unit's current policy on that subject.
 - The self-assessment is important because it provides the foundation for your orientation needs. You and your preceptor will review this information and devise an orientation plan based on your learning needs.

5. **Date Completed/Comments (Is a Learning Plan Required?)**

- When you have performed a skill independently, you and your preceptor will initial the column to indicate this. If you have not completed all items, a learning plan will be established to meet your learning needs. Mark a "P" (for plan) in this column to identify areas where further assistance is required.

Benner's Novice to Expert Framework

Please refer to the following definitions and examples to further assist you in the self-assessment process

| | DEFINITION | EXAMPLE |
|--------------------------|--|--|
| NOVICE | Has yet to receive the theory component and has never performed the skill. | The nurse has not been taught how to insert a foley catheter or discussed the expected care standards in a classroom setting. |
| ADVANCED BEGINNER | Has received the theory component and performed the skill in a lab setting only. | The nurse has learned how to insert a foley catheter and the expected care standards, but has not practiced these skills in a clinical setting. |
| COMPETENT | Has performed the skill in clinical practice but would prefer to have a clinical preceptor or peer nearby | The nurse can safely and competently insert a foley catheter, but may request that a colleague observe the process and confirm standard norms. |
| PROFICIENT | Has achieved independence in performing the skill. Recognizes relevant clinical changes and organizes/implements skilled responses to the changes. Frequently assumes preceptor role. | The nurse takes appropriate action in response to the patient's changing genitourinary status and interpretation of the patient's signs/symptoms (initiates emergency intervention prn, collaborates with the physician to revise the plan of care). |
| EXPERT | Consistently demonstrates competence in selected skill. Multiple experiences in the clinical setting. Has an intuitive grasp of situations. Anticipates situations/complications. Masterful in solving problems. Acts as a preceptor | The nurse enters the room and as a result of extensive experience with similar experiences, knows that a patient is compromised. This nurse quickly and holistically assesses the situation and identifies priorities. Anticipates revised plan of care. |

Complete the self-assessment on the following pages. Based on your evaluation, assign yourself a level, from Novice to Expert. This will enable you to focus on your PRESENT and FUTURE learning needs.

Model of Care/Professional Practice

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|---|---|------------------------|---------------|----------|
| Discusses the Model of Care utilized in the different BCHS programs | Clinical Manager/Preceptor CNO Professional Standards | Understands and is able to discuss the Collaborative Care Model | | | |
| Responds to changing workloads and patient acuity to maximize resources | As above | Demonstrates ability | | | |
| TOA: <ul style="list-style-type: none"> Clearly and concisely reports to oncoming staff Establishes priority of problems and needs according to actual and potential threats to the patient | Clinical Manager Preceptor Team members CNO Professional Standards Medworxx | TOA at shift change and with care transitions. Able to give a detailed history and overview of shift | | | |
| Accurately initiates and documents the following: <ul style="list-style-type: none"> Electronic charting (PCS) BMV Order Entry Halogen Risk Pro Appointment packages | Preceptor Information Technology Laboratory Staff CNO Standards Medworxx | Accurate/complete documentation of: Response to treatment Communication of problems Completes order entry requisitions appropriately | | | |
| Updates Halogen Completes self-assessment within probationary period. Maintains Halogen | Halogen education provided in Orientation | Able to navigate Halogen system successfully | | | |
| Recognizes and develops strategies to resolve inter-personal conflict. | Clinical Manager Preceptor | Evidence of understanding | | | |

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|------------------------|---------------|----------|
| Understands Bill 168 <ul style="list-style-type: none"> Code of Conduct Respectful Workplace Whistleblower Policy | Human Resources Medworxx Policy: <ul style="list-style-type: none"> N-IV-67 N-IV-69 N-IV-70 | Successfully completes Medworxx assignments | | | |
| Demonstrates ability to provide appropriate health teaching. Demonstrates “teach back” | Clinical Manager Preceptor | | | | |
| Collaborates with patients, families, and inter-disciplinary team to implement and evaluate individualized care/services to enhance health outcomes. | Clinical Manager Preceptor CNO Standards | Able to discuss professional responsibility. | | | |
| Demonstrates knowledge and understanding of consent | BCHS Policy Interdisciplinary team | Demonstrates knowledge | | | |
| Ensures confidentiality for patient and team members | Policy: N-IV-180 CNO Standards Medworxx | Maintains privacy and confidentiality | | | |
| Demonstrates understanding of the referral process for individuals who disclose sexual and/or domestic violence | BCHS Policy Medworxx SADV Coordinator Hospital Orientation | Verbalizes knowledge and understanding | | | |
| Demonstrates cultural competence within patient interactions | Hospital Orientation CNO Guidelines Medworxx | Demonstrates best practice | | | |

Admission and Discharge Process

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|---|--|------------------------|---------------|----------|
| Demonstrates understanding of admission process <ul style="list-style-type: none"> Documentation (PCS) and TOA Transfer to and from unit | Preceptor Team members Hospital Orientation PCS Medworxx | Verbalization of understanding and demonstration of knowledge | | | |
| Knowledge and understanding of ALC (alternate level of care). <ul style="list-style-type: none"> Assessment process for ALC Collaboration with appropriate inter-disciplinary team member | Preceptor Team members HNHB LHIN Navigation/Social Work | As above | | | |
| Knowledge and understanding of available programs within hospital <ul style="list-style-type: none"> Therapy: A&R, LIR, Rehab Palliative Care Complex Care Knowledge of assessment process | Preceptor Team members HNHB LHIN Navigation/Social Work | As above | | | |
| Demonstrates understanding of discharge process: <ul style="list-style-type: none"> Documentation (PCS) Community supports Collaboration with MRP | As above | As above | | | |
| Demonstrates knowledge and understanding of completion of Minimum Data Set (MDS): <ul style="list-style-type: none"> On admission At 14 days Quarterly | Preceptor Team Members Decision Support (RAI coordinator/support) | Demonstrates knowledge and understanding. Demonstrates ability to complete MDS accurately/timely | | | |

Infection Prevention and Control

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|---|------------------------|---------------|----------|
| Demonstrates understanding of nosocomial infection control: <ul style="list-style-type: none"> • Routine precautions • Droplet, contact, airborne, enteric, etc. • MRSA/VRE/ESBL • Febrile respiratory illness (FRI) | Clinical Manager Preceptor Infection Control Policy: N-IV-185 Medworxx | Locates appropriate policy Practices routine and added precautions | | | |
| Locates patient/visitor handouts re specific nosocomial isolation | | Able to locate fact sheets | | | |
| Locates and demonstrates understanding for appropriate infection control patient signage | Preceptor Infection Control | Implements signage and correct isolation precautions | | | |

Initiates Action in an Emergency Situation

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|---|---|------------------------|---------------|----------|
| Has up to date CPR certification Maintains CPR certification | Brant CPR (classes on site) | BCLS certification | | | |
| Discusses the role of the nurse during Code Blue | Hospital Orientation Policy: N-IV-235 Mock Code Blue | Demonstrates: <ul style="list-style-type: none"> Oropharangeal airway insertion Pocket mask Ambu bag Verbalizes when to activate Code Blue | | | |
| Demonstrates ability to locate Code Blue equipment | Clinical Manager Preceptor/Staff Members | Demonstrated ability | | | |
| Discusses the role of the nurse during Code White | Hospital Orientation Preceptor Hospital Policy (BNet) Medworxx | Demonstrated ability | | | |
| Understanding of different Codes and discusses the role of the nurse | Hospital Orientation Preceptor Hospital Policy (BNet) Medworxx | Demonstrated ability and understanding | | | |
| Awareness of CCRT and demonstrates understanding when and how to contact CCRT | Hospital Orientation Preceptor CCRT | Demonstrates ability and understanding | | | |

Cardiovascular Nursing Management

The nurse demonstrates knowledge of the anatomy and physiology of the heart and demonstrates an ability for clinical application of knowledge that is responsive to patient's needs.

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|---|--|------------------------|---------------|----------|
| Performs cardiac assessment: (circulation, sensation, movement) <ul style="list-style-type: none"> • Palpates pulses (radial, dorsalis pedis, posterior tibial, popliteal, femoral) • Assesses capillary refill • Assesses for peripheral edema • S&S of altered cardiac output | Lippincott Preceptor | Perform assessment Documentation Anticipates and treats conditions quickly Contacts appropriate multidisciplinary team member | | | |
| Demonstrates knowledge of cardiac lab/tests ordered to identify myocardial damage | Lippincott Preceptor Laboratory Staff | Discusses tests used at BCHSYS and labs to be monitored | | | |
| Demonstrates understanding of cardiac drug therapy | Lippincott Preceptor Pharmacy | Demonstrates ability to assess/monitor hemodynamic effect | | | |
| Demonstrates ability to recognize and respond to S&S of: <ul style="list-style-type: none"> • Unstable angina/chest pain management • Myocardial Infarction (immediate management) • CHF – acute and chronic management • Atrial fibrillation • Syncope – potential causes | Lippincott Preceptor Physician | Demonstrates ability to assess and treat conditions quickly Collaboration with multidisciplinary team members Accurate and timely documentation Accurate and timely contact with MD | | | |

IV Therapy

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|---|---|------------------------|---------------|----------|
| Understands indications for IV therapy and solutions used | IV learning package BCHS IV policy IV team Preceptor | Completion of IV learning package | | | |
| Reviews MD orders prior to initiating IV therapy | As above | Demonstration of best practice | | | |
| Understand adverse and therapeutic effects, interventions, precautions | As above Up to Date (online) | Demonstration of best practice | | | |
| Understands appropriate IV canula sites for solutions and medications | As above | Demonstration of best practice IV insertion training | | | |
| Ability to set up IV tubing. Ability to program/run pumps | Hospital Orientation IV pump manuals | Demonstration of ability | | | |
| Ability to maintain saline lock | Preceptor IV team IV learning package | Demonstration of best practice | | | |
| Understands and demonstrates appropriate documentation: <ul style="list-style-type: none"> Fluids, volume, procedure, and medication | Hospital Orientation for Meditech training Preceptor | Demonstration of best practice | | | |

Central Venous Access Devices (CVAD) & Peripherally Inserted Central Catheters (PICC)

| Performance Criteria | Strategies and Resources | | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|---|------------------------|---------------|----------|
| Understands indications for use of central venous access devices (CVAD) and Peripherally Inserted Central Catheters (PICC) | CVAD Learning Package BCHS Policy IV team | | Demonstration of best practice Completion of learning package | | | |
| Knowledge of vascular anatomy and recommended insertion sites | As above | | Demonstration of best practice | | | |
| Identifies available CVAD/PICC | As above | | As above | | | |
| Understands the general principles of post-insertion care | As above | | Verbalized knowledge | | | |
| Identifies/performs specific nursing interventions for each type of CVAD: <ul style="list-style-type: none"> Blood sampling Dressing change Flushing Intermittent cap change | As above | | Demonstration of best practice Completion of learning package | | | |
| Recognizes potential complications and applicable nursing interventions for each complication | As above | | Verbalized knowledge | | | |
| Ability to provide appropriate health teaching r/t CVAD/PICC | Preceptor IV team | | Demonstration of knowledge | | | |
| Documentation of appropriate nursing interventions | Meditech training Preceptor | | Demonstration of knowledge | | | |
| Awareness of and understanding of related BCHS policy Ability to locate policy Ability to apply policy knowledge (when required) | N-IV-829 N-IV-881 N-IV-882 N-IV-883 N-IV-884 N-IV-885 | N-IV-886 N-IV-887 N-IV-888 N-IV-829 | Verbalized knowledge Demonstrated ability to locate policy (on BNet) | | | |

Blood Product Administration/Cytotoxic

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|------------------------|---------------|----------|
| Demonstrates understanding and ability to administer blood products as per blood product administration checklist | Policy: N-IV-845 Blood Administration Medworxx Bloody Easy (Canadian Blood Services) Hospital Orientation Preceptor | Completion of Medworxx Demonstration of best practice | | | |
| Demonstrates understanding of the patient's diagnosis and the purpose for blood administration | As above Patient's History Multidisciplinary team | Demonstration of best practice | | | |
| Knowledge of the 8 Rights of Transfusion | As above | As above Completion of learning package | | | |
| Ability to review physician order as per policy/procedure | As above | | | | |
| Understands Informed Consent (who can obtain and witness) | As above | Demonstration of best practice | | | |
| Identifies and understands S&S of transfusion reactions. Identifies appropriate nursing interventions for reactions | As above | Completion of learning package Demonstration of best practice | | | |
| Demonstrates knowledge of proper disposal of blood tubing/bags | As above | As above | | | |
| Demonstrate knowledge and understanding of safe handling of cytotoxic medications/waste | Medworxx Preceptor Lippincott | As above Completion of Medworxx | | | |

Respiratory Nursing Management

The nurse demonstrates knowledge of the anatomy and physiology of the respiratory system and demonstrates an ability for clinical application of knowledge that is responsive to patient's needs.

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--------------------------------|------------------------|---------------|----------|
| Performs a respiratory assessment: <ul style="list-style-type: none"> • Auscultates chest • Normal/abnormal breath sounds • Skin colour (oxygenation) | Lippincott Respiratory Therapist Preceptor | Demonstration of best practice | | | |
| Demonstrates ability to recognize and treat S&S of: <ul style="list-style-type: none"> • CHF/pulmonary edema • Pneumothorax • Acute/Chronic conditions | As above | As above | | | |
| Demonstrates knowledge of, and ability to set up: <ul style="list-style-type: none"> • Face mask • Trach mask • Nasal prongs • Venti-mask • Non-rebreather • Ambubag • Portable oxygen tank • SpO2 monitor | As above | As above | | | |
| Demonstrate knowledge and ability to provide supportive care for patients with a tracheostomy | As above | As above | | | |
| Knowledge of ABG orders/results and when to notify physician (for abnormal results) | As above | Demonstration of best practice | | | |

Gastrointestinal Nursing Management

The nurse demonstrates knowledge of the anatomy and physiology of the gastrointestinal system and demonstrates an ability for clinical application of knowledge that is responsive to patient's needs.

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|------------------------|---------------|----------|
| Performs an accurate abdominal assessment: <ul style="list-style-type: none"> • Normal/abnormal bowel sounds • Abnormal or excessive tympani • Accurate/appropriate monitoring and documentation of elimination patterns • Accurate/appropriate monitoring and documentation of nutritional intake | Lippincott Preceptor | Demonstration of knowledge and best practice As seen in accurate documentation in PCS | | | |
| Demonstrates knowledge and ability to care for a patient with an ostomy/ileostomy: <ul style="list-style-type: none"> • Appliance application • Skin care • Teaching | Lippincott Preceptor Wound care team Convatec patient handouts (if available on unit) | As above | | | |
| Able to identify patient at risk for nutritional deficit <ul style="list-style-type: none"> • Knowledge of lab values • Signs and symptoms | Preceptor Dietitian Laboratory staff | Able to identify at risk population | | | |
| Demonstrates knowledge and ability to care for a patient with a PEG tube | Preceptor Dietician | | | | |
| Demonstrated knowledge and ability to care for patient with gastrostomy/jejunostomy tube: <ul style="list-style-type: none"> • Managing feed pump | Preceptor BCHS Policy Dietitian Physician | Demonstration of knowledge and best practice | | | |

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--------------------------|------------------------|------------------------|---------------|----------|
| <ul style="list-style-type: none"> Delivering nutrients Flushing Care of tube site/dressing | Wound care team | | | | |

Total Parenteral Nutrition (TPN)

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|------------------------|---------------|----------|
| Demonstrates knowledge and understanding of TPN <ul style="list-style-type: none"> Indications for use Therapeutic effects Expected outcomes Adverse effects | Lippincott TPN Learning Package Medworxx Hospital Orientation Dietitian Policy N-IV-890 | Demonstration of knowledge and best practice | | | |
| Recognizes the differences between peripheral and central TPN | As above | As above | | | |
| Demonstrates understanding of TPN orders and daily responsibility surrounding acquiring TPN orders | As above | As above | | | |
| Ability to perform nursing care and understands rationale for care: <ul style="list-style-type: none"> TPN set up (tubing) Documentation | As above | As above | | | |

Genitourinary Nursing Management

The nurse demonstrates knowledge of the anatomy and physiology of the genitourinary system and demonstrates an ability for clinical application of knowledge that is responsive to patient's needs.

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|--|---|------------------------|---------------|----------|
| Ability to perform genitourinary assessment: <ul style="list-style-type: none"> Measures accurate outputs Assesses for renal failure Lab values | Lippincott Preceptor | Demonstration of knowledge and best practice | | | |
| Demonstrates understanding of indications for and management of catheters: <ul style="list-style-type: none"> In and out catheterization Foley catheter Suprapubic catheter Nephrostomy tubes Continuous bladder irrigation Intermittent bladder irrigation Urinary drainage equipment | Lippincott Preceptor BCHS Policy: <ul style="list-style-type: none"> N-IV-208 N-IV-209 N-IV-214 | Demonstration of knowledge and best practice. | | | |
| Demonstrates knowledge and understanding of: <ul style="list-style-type: none"> S&S of urinary infection Available testing options | Lippincott Preceptor BCHS Policy Laboratory Staff | Demonstration of knowledge and best practice | | | |
| Demonstrates accurate use of bladder scanner and bladder scan protocol | Preceptor BCHS Policy Bladder Scan Policy | Demonstration of knowledge and best practice | | | |
| Demonstrates knowledge/ability of urostomy care and maintenance | Lippincott Preceptor | As above | | | |
| Demonstrates knowledge and understanding of documentation | Lippincott Preceptor | Observed through practice | | | |

Endocrine Nursing Management

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|------------------------|---------------|----------|
| Demonstrates ability to interpret and evaluate data related to the endocrine system: <ul style="list-style-type: none"> Lab/diagnostic results | Lippincott Preceptor Laboratory Staff | Demonstration of knowledge and best practice | | | |
| Recognize actual or potential life threatening alterations including: <ul style="list-style-type: none"> ADH, SIADH Diabetes Adrenal insufficiency Hyper/Hypo-thyroidism | As above | As above | | | |
| Identifies and/or demonstrates appropriate interventions to correct alterations in endocrine functions: <ul style="list-style-type: none"> Electrolyte balance Fluid management Insulin | As above | As above | | | |
| Demonstrates ability to utilize glucometer | Glucometer Certification Hospital Orientation | Successful completion | | | |

Neurological Nursing Management

The nurse demonstrates knowledge of the anatomy and physiology of the nervous system and demonstrates an ability for clinical application of knowledge that is responsive to patient's needs.

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|---|--|------------------------|---------------|----------|
| Performs thorough neurological assessment: <ul style="list-style-type: none"> Glasgow Coma Scale Canadian Neurological Scale | Lippincott Physiotherapy Occupational Therapy | Demonstration of knowledge and best practice | | | |
| Expresses the difference between delirium, dementia, depression | RNAO online | Verbalizes knowledge | | | |
| Demonstrates knowledge of normal/abnormal presentation and appropriate nursing interventions | Lippincott Preceptor Physician As above | Demonstration of knowledge and best practice | | | |
| Demonstrates knowledge of and ability to implement CAM tool | As above | Demonstration of knowledge | | | |

Delirium Nursing Management

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|--|---|------------------------|---------------|----------|
| Demonstrates knowledge and understanding of predisposing risk factors | Delirium Learning Package Preceptor CAM tool RNAO online learning | Demonstration of knowledge and best practice | | | |
| Demonstrates knowledge and understanding of precipitating risk factors | As above | As above | | | |
| Utilizes confusion assessment for assessing criteria for diagnosing delirium | As above | As above | | | |
| Documents on CAM tool appropriately in Medi-tech (PCS) | As above | Documentation in CAM tool | | | |
| Demonstrates awareness of need to contact MRP when a patient has a positive CAM tool result | As above | Recognition of delirium S&S and demonstration of ability to intervene | | | |
| Demonstrates knowledge and understanding of responsive behaviours | Preceptor BSO Clinical Lead Physician (Dr George) Alzheimer's Society | As above Awareness of referral process | | | |
| Awareness of supports in hospital and within the community for responsive behaviours | Preceptor BSO Clinical Lead Physician (Dr George) Alzheimer's Society | As above Awareness of referral process | | | |
| GPA training and implementation of knowledge within practice | GPA Training | Successfully completes training | | | |

Least Restraint (Last Resort) Nursing Management

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|--|---|------------------------|---------------|----------|
| Demonstrates understanding of: <ul style="list-style-type: none"> • BCHS Least Restraint policy • Bill 85 • CNO restraint standards • RNAO BPG – Restraints | Policy: N-IV-1762 Preceptor CNO RNAO BPG – Restraints Bill 85 | Verbalizes knowledge and understanding | | | |
| Understanding of common terminology surrounding least restraints | As above | Demonstration of knowledge and best practice | | | |
| Demonstrates awareness of the key factors that influence the safe, effective, and ethical choices to minimize restraint use | As above | Evidenced by ability to make appropriate choices when potential restraints required | | | |
| Able to identify and implement: <ul style="list-style-type: none"> • Consent requirements • Alternative to restraints | As above | As above | | | |
| Demonstrates familiarity with the decision tree when considering restraint use | As above | As above | | | |
| Demonstrates appropriate and correct procedure for application of physical restraints to prevent injury to patient | Least Restraints learning package Pinel Basic Instructions Preceptor | Demonstration of correct and safe application of Pinel Restraints | | | |
| Documents in the appropriate areas with accurate assessment detail | As above | Demonstration of knowledge | | | |
| Understanding of Code White procedures | Policy: N-IV-1762 MedWorxx Preceptor | Demonstration of knowledge and best practice | | | |

Musculoskeletal Nursing Management

The nurse demonstrates knowledge of the anatomy and physiology of the musculoskeletal system and demonstrates an ability for clinical application of knowledge that is responsive to patient's needs.

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|--|--|------------------------|---------------|----------|
| Ability to perform thorough musculoskeletal and neuromuscular assessment, implementation and evaluation of care | Lippincott Preceptor Physiotherapy Occupational Therapy | Demonstration of knowledge and best practice | | | |
| Demonstrates/Promotes: <ul style="list-style-type: none">• Safe lifts and transfers• Early mobilization• ROM• Positioning | As above | As above | | | |

Wound Care Management

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|---|---|------------------------|---------------|----------|
| Demonstrates knowledge and ability to complete head to toe assessment including: <ul style="list-style-type: none"> • Braden Scale (weekly & PRN) • 5 levels of wound staging • Prevention of pressure ulcers | Lippincott RNAO BPG (wound) Preceptor Wound Care Team | Demonstration of knowledge and best practice | | | |
| Demonstrates understanding of special surfaces (when and how to order/apply) | As above | As above | | | |
| Demonstrates knowledge and ability for wound care management: <ul style="list-style-type: none"> • Follows RNAO BPG • Follows CNO standards • Checks with MRP for specific wound care orders • Maintains aseptic technique • Consults wound care team PRN | As above | Demonstration of knowledge and best practice | | | |
| Demonstrates knowledge and ability to manage VAC dressings: <ul style="list-style-type: none"> • Purpose of VAC dressing • Application of VAC dressing • Operation of VAC pump • Maintains aseptic technique • Assessment of wound • Consults wound care team PRN • Liaise with MRP | Lippincott RNAO BGP (wound) Preceptor Wound Care Team Internet KCI VAC supports (education opportunities) | Demonstration of knowledge and best practice. | | | |
| Accurate and appropriate documentation | Preceptor | As evidenced by documentation | | | |

Acute Pain and Palliative Nursing Management

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|---|--|------------------------|---------------|----------|
| Demonstrates awareness of pain in the older adult: <ul style="list-style-type: none"> • Presentation of pain • Pain and cognitive impairment • Goals of adequate pain control • Pain across the lifespan | Preceptor Pharmacist Lippincott Palliative certificate course RNAO BPG – Pain | Demonstration of knowledge and best practice | | | |
| Demonstrates/Identifies S&S of acute and chronic pain | As above | Verbalizes knowledge | | | |
| Demonstrates awareness and knowledge of PPS (palliative performance scale) | As above | Demonstration of knowledge and best practice | | | |
| Identifies and overcomes barriers to effective pain management <ul style="list-style-type: none"> • Assessment/action • Collaboration | As above | Demonstration of knowledge and best practice | | | |
| Demonstrates ability to utilize pain assessment tools: <ul style="list-style-type: none"> • PQRSTU • Reassesses pain control post medication administration | As above | Demonstration of knowledge and best practice | | | |
| Understands the differences between long and short acting narcotics | As above Pharmacist | Demonstration of knowledge and best practice | | | |
| Demonstrates consideration of various pain management options | As above | Demonstration of best practice | | | |
| Understands the myths & truths of providing appropriate and accurate pain medication/control | As above | Demonstration of knowledge and best practice | | | |

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|--|---|--------------------------|------------------------|---------------|----------|
| Accurate and appropriate documentation: <ul style="list-style-type: none"> Assessments/action Response of patient/family | Preceptor PCS training | As observed by preceptor | | | |
| Demonstrates knowledge of mental, spiritual, physical, and emotions supports for the palliative patient and family. <ul style="list-style-type: none"> Interprofessional referrals in hospital and in community | Preceptor Pallium Handbook RNAO BPG-Palliative Care BPG | As observed by preceptor | | | |
| Demonstrates knowledge and ability to care for the family of a palliative patient | As above | As observed by preceptor | | | |
| Demonstrates knowledge and awareness of available community supports. <ul style="list-style-type: none"> Patient/family preference Palliative Outreach LHIN supports Hospice | | | | | |

CADD Pump Nursing Management

| Performance Criteria | Strategies and Resources | Evidence of Competence | Self-Assessment Rating | Date Complete | Comments |
|---|--|--|------------------------|---------------|----------|
| Demonstrates understanding of diagnosis and patient specific purpose of CADD pump | CADD pump learning package | Demonstration of knowledge and understanding Completion of learning package | | | |
| Demonstrates correct use of the CADD pump: <ul style="list-style-type: none"> • Install batteries • Lock and unlock pump • Set values (as per MD order) • Double check pump (rationale) • Health teaching • Aseptic technique | CADD pump learning package Preceptor Physician | Demonstration of knowledge Completion of competency checklist for CADD pump usage Completion of learning package | | | |
| Demonstrates accurate and appropriate charting (PCS) | Meditech intervention PCS training | As above | | | |

| Self-Directed Learning Package | Date Package Received | Date Test Completed | Date Skill Checklist Completed |
|---------------------------------------|------------------------------|----------------------------|---------------------------------------|
| Venipuncture | | | |
| IV Insertion | | | |
| Central Venous Access Devices (CVAD) | | | |
| Nasogastric (NG) Tube | | | |
| TPN | | | |
| Delirium | | | |
| Least Restraints | | | |
| CADD Pump | | | |

Learning Plans

Your learning plan is an important part of orientation as well as nursing practice in general. The process of developing a learning plan is part of the College of Nurses of Ontario (CNO)'s Quality Assurance program. The following will guide you through the development of your own learning plan.

What is a Learning Plan?

- ✓ A document to help identify learning needs, and help to track and evaluate your learning

Why do I need a Learning Plan?

- ✓ Helps to clearly define learning objectives
- ✓ Co-ordinates learning needs with strategies and resources to meet goals and objectives
- ✓ Assists with the evaluation of learning

Your learning plan is required for your Halogen performance appraisal. It is important to review and revise your learning plan on a regular basis. You are involved in learning every day. The learning plan simply formalizes and keeps track of your learning.

Developing a Learning Plan

Reviewing your orientation tool is a starting point for developing a learning plan. In the orientation tool are all the competencies that a nurse (in Complex Continuing Care and Palliative) must demonstrate. It is expected that all RN/RPNs who work at the BCHSYS will meet the minimum standards as demonstrated by the core competencies.

The new staff member will identify areas in which he/she required further learning. These will become the **learning objectives**. You do not have to limit yourself to objectives found within these documents.

Common questions:

- What area do I want to focus on?
- What do I need/want to learn?

Make your learning goals **SMART** goals (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**imely)

Utilize learning resources and strategies to help you learn what you want/need to learn. This will guide you in attaining your learning objectives.

Ask yourself: “how will I demonstrate what I have learned?” These are your **evidence of competence**. This is the evidence you must show to demonstrate that your learning goals have been met. It is also important to consider WHO will evaluate your learning.

Lastly, you must set a **target date** for completing your goals. The target date will vary depending on the complexity and urgency of your goals. Some goals will be easily met in a short time period, whereas other learning goals may be ongoing.

SMART: **S**pecific, **M**easurable, **A**ttainable/**A**chievable, **R**ealistic/**R**elevant, **T**imely

| SMART Goal/Objective (Targeted Change) | Learning Resources and Strategies Required | Success Indicators (Evidence of Competence) | Target Date |
|---|--|--|-------------|
| Reflection Questions: <ul style="list-style-type: none"> • What do I need/want to learn? • What questions do I have related to my goal? • What knowledge do I need? • What skills do I want/need to develop? • What attitudes/values are important to understand? | Reflection Questions: <ul style="list-style-type: none"> • What or who will I use to help me learn what I need to learn? • What will I do to meet my objectives? • What strengths do I capitalize on? • Where can I find the information I need to learn? | Reflection Questions: <ul style="list-style-type: none"> • How will I demonstrate what I have learned? • What criteria will I base my success on? • Who will evaluate my learning? • What does success look like to me? To my organization? | |
| | | | |

Next Steps/Future Learning:
