

DAY SURGERY COMPETENCY BASED

ORIENTATION

Welcome to Day Surgery Competency Based Orientation

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 ability of a nurse to integrate & 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 & apply knowledge, skills & judgement required to practice safely and ethically. It involves a continual process of linking the code of ethics, standards of practice & lifelong 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.

BENEFITS, BELIEFS AND GUIDING PRINCIPLES OF A COMPETENCY BASED ORIENTATION PROGRAM

1. Provides safe practice & identifies expectations of competence per codes of ethics & standards of practice.
2. Defines a required behaviour within a job role.
3. Provides consistency in the orientation process.
4. Links individual performance to 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 & identifies when an individual does not meet expectations.
9. Provides justification for an extension of the orientation process & identifying goals to be met.

Summary

This section has identified the College's expectations of entry-level RNs and practice settings with regard to practice decision-making. The framework and elements to support decision-making have been described. Practice experience will further contribute to the development of skills and confidence in making nursing practice decisions that promote quality client care.

Decision Tree: A Guide to Practice Decision Making for the Entry-Level Registered Nurse

Assessment

Gather the data.

Analyze the data

Determine if help needed to analyze data:

- Can I make sense of the data?
- Is the assessment complete?

NO

Consult/collaborate.

YES

Identify options of care

- Can I identify:

A range of care options?

The indications and contraindications for each?

The client's preferences?

NO

Consult/collaborate .

YES

Choose the care option

- Am I satisfied that the option chosen is the best, most appropriate?*

NO

Consult/collaborate.

YES

- Do I have the authority to provide the care?

NO

Can I get it (physician's order)?

YES

YES

NO

- Am I competent to perform the care?

- Can I manage the potential outcomes?

YES NO

Perform care

Seek assistance

Evaluate care

- Has care achieved the desired outcome?

YES NO

Reassess.

End.

..The nurse's advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

A guide to practice decision-making for the entry-level RPN

Has the acuity of the client been established? **NO** Consult to determine if this is an appropriate client assignment.

Complete assessment and analyze the data

- Do I have a complete understanding of the data?
- Is the assessment complete?
- Have I met the consultation requirements?

NO

Consult/collaborate.

YES

Identify options of care

Can I identify:

- A range of care options?
- The indications and contraindications for each?
- The client's preferences?

NO

Consult/collaborate.

YES

Choose the care option(s) (in consultation)

NO

Consult/collaborate.

- Am I satisfied that the option chosen is the best, most appropriate?*

YES

Do I have the authority to provide the care?

NO

Can I get it
(e.g., physician's order)?

YES

YES

- Does the competency require consultation?

NO

YES

Am I competent to perform the care? Can I manage the potential outcomes?

NO

YES

Does my "consultant" have the required knowledge, skill and judgment to perform the competency independently?

NO

YES

Perform care.

YES

YES Seek assistance.

Evaluate care

- Has care achieved the desired outcome?

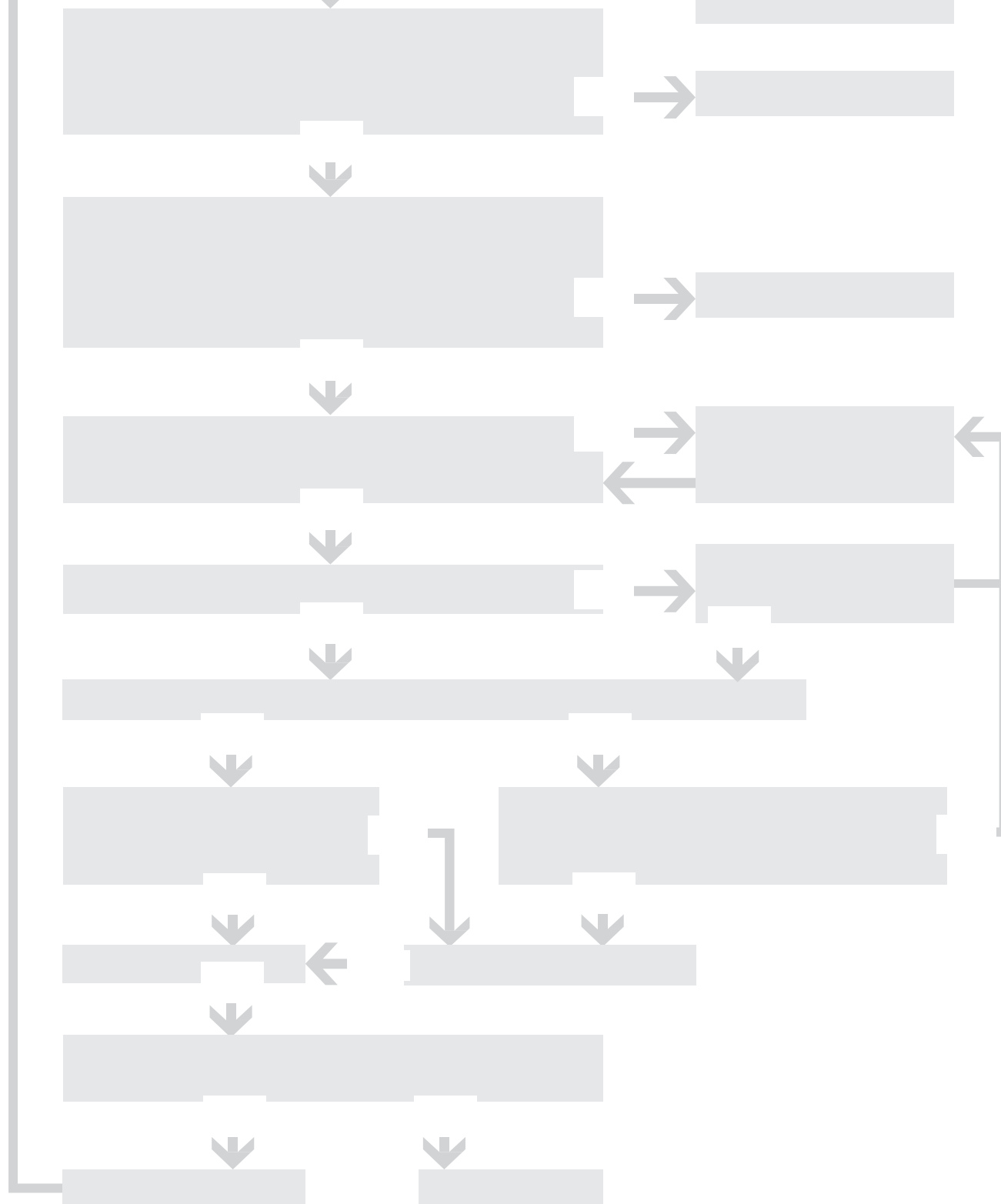
NO

YES

Reassess.

End.

* The nurse's advocacy efforts may be required in situations where efforts to obtain a physician's order for the care option identified by the nurse as "the best and most appropriate" have been unsuccessful.

College of Nurses of Ontario *Entry-to-Practice Competencies for Ontario Registered Practical Nurses* 13

KEY POINTS ABOUT COMPETENCY – BASED ORIENTATION AND EDUCATION

Learning is a process that should continue along the continuum of novice to expert. Competency must be assessed at 3 levels:

1. Technical
2. Critical Thinking
3. Interpersonal Skills

Traditionally, the technical component has been focused on during orientation; however, most performance issues arise due to critical thinking or relational components.

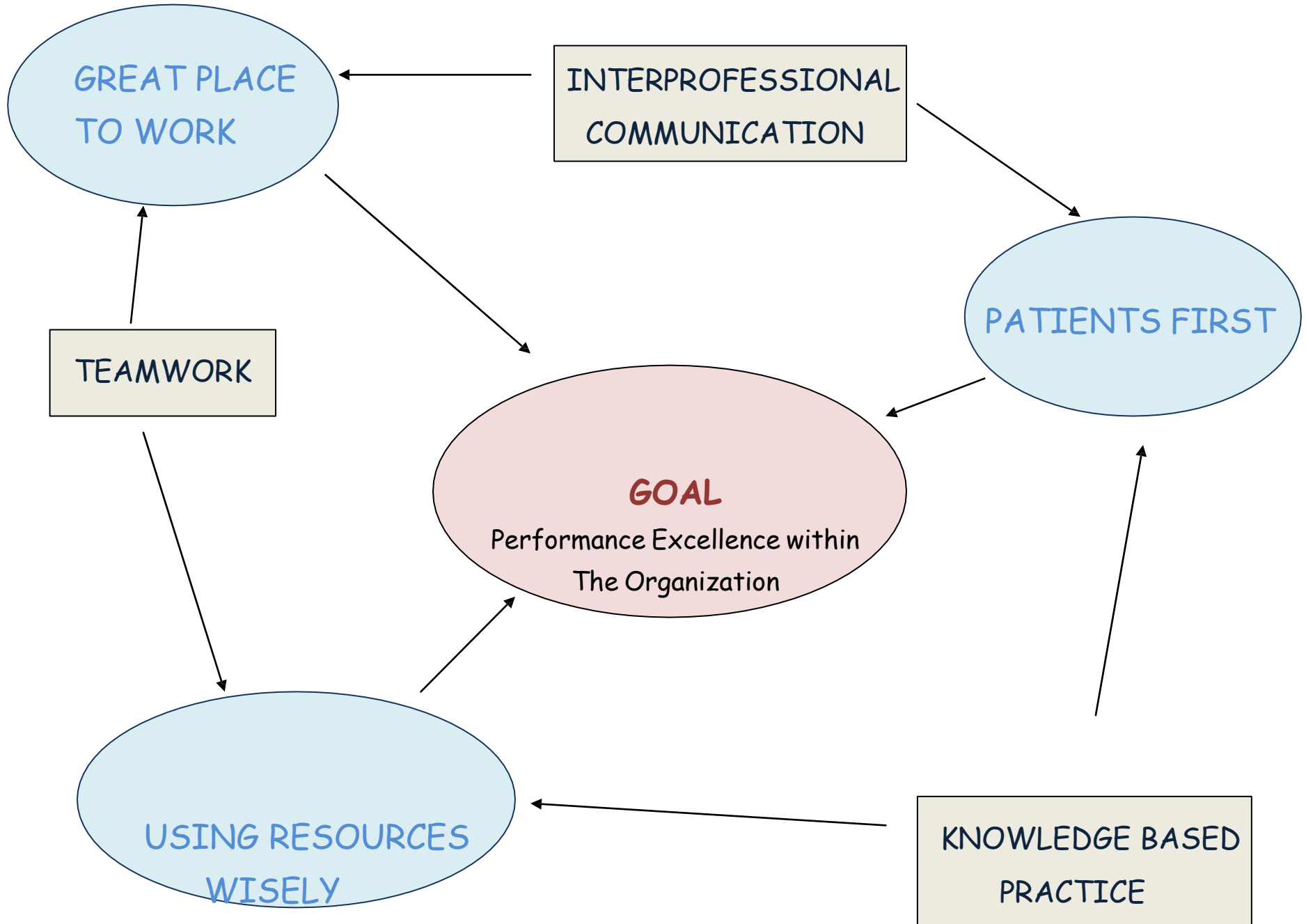
Methods of assessing competence should be varied, & include

- Self – assessment
- Preceptor assessment
- Written Tests
- Return Demonstrations
- Mock scenarios
- Observation of care given / tasks performed
- Medworxx

Day Surgery Competence Program Components

1. Interprofessional Communication
2. Teamwork
3. Knowledge Based Practice

DAY SURGERY COMPETENCY BASED ORIENTATION



The Orientation Process

Initial Meeting with the Manager/Mentor

Once hired you will meet with the Manager for the unit you will be reporting to. You will receive the orientation folder.

- Manager explains the orientation program and answers questions
- Manager will provide you with an orientation of the unit and hospital way finding.
- You will be asked to complete the clinical experience rating of the Competency based assessment tool.

The new staff member and mentor will establish a plan for orientation based on the identified learning needs.

Mid-Orientation Evaluation

The Manager will meet with the new staff member to

- Review the competency based assessment to identify strategies to meet learning needs

End of Orientation

The Manager will meet with the new staff member to:

- Review the competency based assessment for incomplete items and establish a learning plan for meeting learning needs.
- Evaluate the need for further orientation
- Suggest ongoing resources based on continuing learning needs

Benner's Novice to Expert Framework

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

Novice	Has yet to receive the theory Component and has never performed the skill.	The novice 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.	This level practitioner 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 mentor or peer nearby.	This practitioner 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 these changes. Frequently assumes role model/mentor role.	This practitioner 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 skills. Multiple experiences in the clinical setting. Has an intuitive grasp of situations. Anticipates situations/complications. Masterful in solving problems. Acts as a role model/mentor.	This practitioner 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, and 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.

Brant Community Healthcare System
Day Surgery Competency Checklist

Criteria and Competency	Clinical Experience Rating (CER): 0- no experience theory only 1-Limited 2-acceptable 3-Competent	Mentor/ Mentee Initials. Date of Completion	Re-evaluation of CER Plan for Continued Learning
1. Understands the Organization of the Day Surgery Unit			
A. Locates emergency equipment <ul style="list-style-type: none"> • Resuscitation cart • Malignant Hyperthermia Cart • Portable O2 tank and suction • Emergency /panic button • Emergency Airway cart 			
B. Locates <ul style="list-style-type: none"> • Emergency exits • Fire hoses and extinguishers • Fire alarm pull stations 			
C. Locates unit resources <ul style="list-style-type: none"> • BNet Policies <ul style="list-style-type: none"> ○ Relevant Day Surgery policies ○ Code policies • S: drive policies • Pharmacy IV Medication Monograph • Halogen • Email • Risk Pro • Parklane 			
D. Locates <ul style="list-style-type: none"> • Stock medications and request forms • Dirty utility/storage rooms • Waiting room • Huddle board • Daily assignment sheets • Sign-in log 			
E. Operates unit equipment <ul style="list-style-type: none"> • Stretchers (adult, bariatric and pediatric) • VS machines • Glucometer • IV pumps • Hypo/hyperthermia blanket • Bladder scanner • Bair Hugger • Sequential compression device 			

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2. Demonstrates Effective Communication Skills Appropriate to Day Surgery			
A. Requests and provides pertinent patient data with interdisciplinary team, patient and family.			
B. Completes and accurately documents on <ul style="list-style-type: none"> • Pre-op Checklist • Anesthetist Order Sheet • Anesthetist Record • Day Surgery Post-Operative Assessment and Score Sheet • FRI tool • Nursing history and assessment • Fluid Balance (IV starts) • PACU Record • Best Possible Medication History (BPMH) • Surgeon's order sheet 			
C. Displays knowledge and use of SBAR communication tool			
D. Recognizes and develops strategies for resolving interpersonal conflicts with family, patients and coworkers. <ul style="list-style-type: none"> • Discusses plan to cope with horizontal violence in work place 			
3. Demonstrates Effective Action During an Emergency Situation			
A. Current CPR Certification			
B. Takes appropriate action when emergency plan in effect (Call x5555, access Get Ready via VSNet) <ul style="list-style-type: none"> • Code Red • Code Green • Code White • Code Purple • Code Black • Code Brown • Code Grey • Code Pink • Code Orange • Code Amber • Code Yellow • Code Silver • Code Aqua • Code Navy • Code DECON • Code Beige • Code Maroon 			

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C .Recognizes and takes appropriate action during life threatening conditions <ul style="list-style-type: none"> • Respiratory arrest • Cardiac arrest • Latex allergy- anaphylactic reaction • Malignant hyperthermia crisis 			
4. Demonstrates Effective Care of Pre-operative Patient			
A. Identifies and verifies <ul style="list-style-type: none"> • Patient armband • Allergies • Consent <ul style="list-style-type: none"> I) Complete II) Verified III) Accurate 			
B. Initiates Medical Directives as Required and Describes Rational <ul style="list-style-type: none"> • IV therapy • Medications: <ul style="list-style-type: none"> ○ Ranitidine ○ Ventolin • Labs: Ordered or Per Routine Test Protocol <ul style="list-style-type: none"> ○ Electrolytes ○ INR/PTT ○ Creatinine ○ Serum Glucose ○ CBC ○ Sickle Cell Screen ○ Liver Function ○ T&S • Other testing: <ul style="list-style-type: none"> ○ POCT: blood sugar ○ POCT: Urine bHCG ○ ECG 			
C. Preps surgical site as required			
D. Recognizes surgical risk patients and notifies appropriate individual <ul style="list-style-type: none"> • Abnormal vital signs • Abnormal labs • ECG changes • New diagnosis since pre-op visit • NPO status • Risk for malignant hyperthermia • Latex allergy 			

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<ul style="list-style-type: none"> • Refusal to remove jewelry • Infection: <ul style="list-style-type: none"> ○ MRSA, VRE, CDiff, etc. ○ Areas of impaired skin integrity 			
E. Initiates Pre-operative Teaching <ul style="list-style-type: none"> • Deep breathing and coughing • Smoking cessation initiatives • Leg exercises • Surgery specific • Required ride home • Need for individual to stay with patient for 24hrs post- surgery • Visitor policy in the perioperative area 			
F. Identifies patients and initiates use of warming blanket.			
G. Administration of Pre-op Antibiotics According to Safer Healthcare Initiative and describes the importance of dosing schedule <ul style="list-style-type: none"> • Ancef • Gentamycin • Vancomycin • Ciprofloxacin 			
5. Implements Post –Operative Care			
A. Assess patient post-op for <ul style="list-style-type: none"> • Vital signs q 30 minutes until phase II recovery criteria met • Safety needs • Level of consciousness and neurovascular status • Pain scale and appropriate administration of analgesics • Nausea assessment and appropriate administration of anti-emetics • Dressing/incisions and drainage devices • Intake and output 			
B. Provides appropriate post –op teaching <ul style="list-style-type: none"> • Reinforce pre-op teaching • General post anesthesia teaching • Post op teaching for surgery specific patients • Provides appropriate teaching pamphlets 			

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C. Identifies discharge home criteria using Post-Anesthesia Discharge Scoring System (PADSS)			
D. Knowledgeable regarding LHIN referrals and equipment packages			
6. Paediatric Population			
A. Assess for potential paediatric complications: <ul style="list-style-type: none"> • PONV • Hypoxia • Agitation and delirium • Laryngospasm & stridor • Unstable vital signs 			
7. Care of Patient with Mitomycin instillation			
A. Personnel Safety: <ul style="list-style-type: none"> • Proper PPE • Correct disposal of body fluids 			
B. Patient Safety: <ul style="list-style-type: none"> • Patient teaching for home safety/teaching pamphlet 			
8. Care of patient whom has undergone spinal anaesthesia			
A. Assessment of Bromage score and dermatome level			
B. Safety needs: <ul style="list-style-type: none"> • Assists patient to stand at bedside march in place • Assists patient to ambulate to bathroom if appropriate 			
C. Post-op voiding			
D. Patient teaching and pamphlet			

NOTES

