Course Description

This seminar will increase the participant’s knowledge about the importance of orientation and competencies in the acute care setting. It will provide a review of the definitions of orientation, education, and competency and the role of each in growing professionals in the area of acute care. It will also identify methods of competency assessment and discuss their application in the acute care setting. It will take a closer look at initial competency for the new graduate and the experienced clinician. We will examine initial competencies and also competencies for specialty/advanced areas. This seminar will also be interactive with time to discuss issues and barriers surrounding competencies and orientation. An example of the orientation process, competency assessment, and advanced competency assessment will be shared from a Level 1 Trauma Center. Competencies Include: Critical Care (Surgical Trauma ICU, Medical ICU, Neuro ICU, Cardiac ICU), Bariatric, LVAD, SCI, TBI, Pediatrics, Serial Casting, Wound Care, Suctioning.

Carolinas Medical Center

- Part of Carolinas HealthCare System, in Charlotte, NC
- National leader in specialized care for a broad range of medical conditions.
- CMC is the largest research hospital in the region and one of five teaching hospitals in North Carolina.
- 874 licensed beds, specialty programs include:
  - Neurosciences
  - Orthopedics
  - Rehabilitation
  - Surgery
  - Trauma
  - Women’s Services

Levine Children’s Hospital

- 234 Beds
- Over 30 Specialty Programs

Background

- Michelle Anderson, PT, DPT
- Brianne Riegel, OTR/L
Objectives

• The participants will be able to:
  – Define and recognize the difference between education vs. orientation vs. competence.
  – Define the methods and tools to assist with competency validation and assessment.
  – Understand the need for utilizing orientation and competency assessment to strengthen the knowledge and safety in practice of new graduate and experienced clinicians.

Objectives continued

• The Participant will be able to:
  – Distinguish between initial competency and specialized/advanced competency.
  – Identify barriers to success of competency assessment and identify strategies to decrease these challenges.
  – Understand the process for orientation and competency assessment at a Level 1 Trauma Center.

Why is Orientation and Competence Required?

• Difference in curriculum and teaching methods
• Varying hospital policies/procedures/metrics
• Staff turn over
• Rapidly changing hospital environment
• Safety
• JC requirements

Does the accumulation of experience equal the development of expertise?
Does having a Clinical Doctorate make you an expert without extensive clinical experience?

Basic Definitions

Education

• Education: the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.
  • the act or process of imparting or acquiring particular knowledge or skills, as for a profession.
  • a degree, level, or kind of schooling: a university education.
  • the result produced by instruction, training, or study: to show one’s education.
Orientation

• **Orientation**: the act of orienting or the state of being oriented.
• An adjustment or adaptation to a new environment, situation, custom, or set of ideas.

http://www.thefreedictionary.com/orientation

Competence

• **Competence**: (plural competences) cluster of related abilities, commitments, knowledge, and skills that enable a person (or an organization) to act effectively in a job or situation.
• Minimal requirements for performance?
• Competency-based assessment = “assessment of proficiency” in artificial environment
• Performance-based assessment = What can the practitioner do in practice?

http://www.businessdictionary.com/definition/competence.html

Let’s take this a step further to...

“Professional Competence”

Professional Competence

“.........is more than factual knowledge and the ability to solve problems in clear cut situations.”


Professional Competence

• **Professional Competence**

“...is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.


Professional Competence

• The acquisition of competence depends on the development of habits of mind such as self-awareness, flexibility, and critical self-reflection that allow the practitioner to handle uncertainty.

Dimensions of Professional Competence

- Cognitive
- Technical
- Integrative
- Context
- Relationship
- Affective/Moral
- Habits of mind

Competent Clinician?

- The clinician who can gather historical data and findings, who knows anatomy of the spine and can trace an impulse from the peripheral to central may not be able to accurately determine the symptoms of autonomic dysreflexia a patient with SCI may be having due to an obstructed Foley catheter.

Purposes of Assessment

- Feedback for the Practitioner
- Guides future learning, growth and development
- Foster habits of self reflection and self remediation
- Foster changes in education materials if needed
- Safety for the public

Methods of Assessment

- Tests
- Return demonstration
- Case study
- Presentations
- Mock events
- Performance Improvement monitoring
- Discussion groups
- Exemplars
- Peer Reviews
- Self Assessment
- Reflection

Tests

- A test or an examination (or "exam") is an assessment intended to measure a test-taker's knowledge, skill, aptitude, physical fitness, or classification in many other topics (e.g., beliefs).

Test Components

- Multiple Choice
- Matching
- Fill in the blank
- Identification
- Essay
Orientation and Competency Assessment in Acute Care

Return Demonstration
• Involves an individual demonstrating a set of skills to another skilled observer.
• May occur in the bedside/clinic or as a demonstration in a mock/simulated environment.

Case Study
• Provide individuals with a situation and ask them to explain their responses or choices in that given situation.
• Create a story of a situation with follow up questions, or identify questions that capture the nature of the competency one is trying to measure and have the individual use their real life story/example to answer the questions.

Sample Scenario
• 53 year old male is in ICU s/p MVR with subsequent respiratory failure. His Hgb is 8.0, telemetry shows he has PVC’s, HR 90, RR 28 and was weaned off the vent last night. His BP has been 100/80 and is still on dopamine.
• Do you mobilize? Why or why not?

Presentation
• Individuals are asked to share (present) information to their peers that they have gained from experience or from a recent educational event (such as a conference). It requires that they know the subject well. The presentation is typically evaluated by those attending.

Mock Events
• Mock events are simulations of real world situations carried out in the work setting or in an artificial lab.
  – Simulation Lab

Performance Improvement/Quality Indicators
• Collect data on individual performance to check compliance with policies/protocols or to determine successful achievement of desired outcomes.
**Orientation and Competency Assessment in Acute Care**

**Audit Tool**

<table>
<thead>
<tr>
<th>Therapist performing survey</th>
<th>Date of survey</th>
<th>Current chart review</th>
<th>Therapist initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient MR number</td>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

**Therapists involved in care**

- Yes
- No

- Yes
- No

- Yes
- No

- Yes
- No

- Yes
- No

Initial evaluation performed within policy (24 hrs PT/ST, 48 hrs OT)

- % IP screens performed within 24 hours of order

- Initial evaluation includes Summary of assessment that ties diagnoses with physical impairment, and functional limitations

- All initial goals are supported by objective data from initial evaluation

- Medically Nec diagnosis is present

- All goals are functional

- All goals are measurable and objective (with identifiable endpoint)

- Tentative d/c plan documented

- Pt/family agrees w/ goals

**Comments:**

**Discussion Groups**

- A group of individuals shares their thoughts and strategies on a specific issue, discussing the merits and consequences of each aspect.

**Schwartz Rounds**

- An interdisciplinary forum where attendees discuss psychosocial and emotional aspects of patient care after the case has been closed

**Exemplars**

- A written, or verbal, story describing a situation one has experienced, including the rationale for the choices made.

**Clinical Reasoning and Reflection Tool**

- ICDF Model
- Health Condition
- Body Structure/Function
- Activity/Tasks
- Participation
- Environmental

**Peer Review**

- A supervisor or peer observes the finished product and provides feedback.

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Peer Review Tool

- **Below expectations:** needs improvement to be successful.
- **Successful performer:** competent, executes the attributes and achieves goals required as a full contributor to the organization.
- **Excellent performer:** exceptional, makes substantial contributions to drive the organization forward.

Self Assessment and Reflection

- Used to assist with identifying needs

APTA Website Assessment Tools

- **Resources for Purchase**
- **Professionalism**
  - Professionalism: Core Values (.doc)
- **Values**
  - Values-based Behaviors for the PTA (.doc)

Specialty Areas

- Cardiovascular and Pulmonary (.pdf)
- Clinical Electrophysiologic (.pdf)
- Geriatric (.pdf)
- Neurologic (.pdf)
- Orthopaedic (.pdf)
- Pediatric (.pdf)
- Sports (.pdf)
- Women’s Health (.pdf)

Selection of Competencies

- **Problem Prone or High Risk Procedures**
  - High Volume Procedures
  - Low Volume-High Risk Procedures
  - Law or Regulation That Dictates Type or Frequency of Assessment
  - New Technology or Procedure

Seven Characteristics of a Competency Based Curriculum

- Real world
- Directed at specific roles and settings
- Derived from experts
- Clear
- Identify expectations
- Referenced evaluation methods
- Provisions for remediation
Yale New Haven Hospital – Critical Care

- Three 2-hour lectures
- Shadowing
- Return Demonstration
- Multiple Choice Exam with case studies

What does the literature tell us about novice therapists?

Professional Learning of Therapists in their 1st Year

- 4 new grads followed in a longitudinal case study
- Themes of influence identified:
  - Clinical Environment
  - Learning through own experiences
  - Communication Skills = Confidence
  - Professional Identity

Comparison of Informative Factors and Directive Factors That Influence Clinical Decision Making

- Novice
  - Info from Medical Record
  - Protocol
  - Observation of environment
  - Observation of Patient
  - “Reflection in action”

- Experienced
  - Academic content and mentorship
  - Anticipation of patient performance
  - Personal Experience
  - Reflection
  - Specific actions
  - experience

What happens after orientation and competency?...Mentorship?

Mentorship in Acute Care

- Beth Israel Deaconess Medical Center in Boston
- Developed program for staff satisfaction and improving patient care
  - Level 3 therapists = Mentors
  - Less than 5 yrs experience = Mentees
  - Weekly 30 minute meeting
  - Focused meetings on clinical decision making skills
  - Developed an annual “mentor day”
**Mentorship in Acute Care**

- **Outcomes**
  - It is feasible in Acute Care
  - Increased Therapist Confidence
  - Positive attraction to BIDMC’s work environment

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**Our Story at CMC...**

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**Where We Started...**

- **General Orientation**
- **Floor Orientation**
- **Go!**
  - Minimal Competencies
  - Minimal Standards of Care
  - Minimal follow up except 30 and 90 day review

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**General Orientation Areas for Improvement**

- Had several duplicate forms
- Lack of continuity between preceptors
- Lack of continuity between rotations
- Separate PT and OT orientation
- Ownership
- Scheduling

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**General Orientation Changes**

- 1 Coordinator facilitating
- Consolidated forms
- Developed notebook
- Formalized Process
- Developed competencies and check offs for some items
  - Bariatric
  - Lift Training
  - TBI
  - Brace training

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**General Orientation Process**

- **Week 1: System, Hospital, and Department Orientation**
  - Computer Documentation Training
  - Regulatory Compliance
  - Complete the following Competencies:
    - TBI
    - Bariatric
    - Acute Care Lines, Leads, and Tubes
    - Lab and Pharmacology
    - Acute Care Precautions
    - Restrictive Interventions
    - Skill Validation Checklist
General Orientation Process

- Week 2: Begin Clinical Orientation
  - Day 1: .5 combined
  - Day 2: .75 combined
  - Day 3: .75 combined
  - Day 4: 1.0 combined
  - Day 5: 1.0 combined
- Week 3
  - 1.75 Combined all week

Clinical Orientation

- Each rotation has an orientation checklist
  - General floor information
  - Processes
  - Diagnosis to see during orientation phase
  - Completed by employee and preceptor, placed in employee file
- 1 month on each rotation
- Staff responsible for reviewing Standards of Care and other info before rotation

Initial vs Specialty/Advanced Competencies

- Initial
  - Restraints
  - CPR
  - Labs
  - Lines/Tubes
  - Bariatric
  - Brace
  - TBI
- Rotations
  - Med Surg
  - Neuro
  - Cardiac
  - Ortho-Trauma
  - Critical Care
  - Peds

Initial vs Specialty/Advanced Competencies

- Specialty/Advanced
  - Critical care
  - Cardiac ICU
  - NSICU
  - SCI
  - Serial casting
  - LVAD
  - Baclofen
  - Lumbar Drainage Trials
  - Splinting
  - Suctioning
- Pediatric Advanced Competencies
  - NICU
  - Lumbar Drainage Trial
  - Suctioning
  - Baclofen Trials
  - SCI

Critical Care Story

- Minimal orientation and minimal competency development
- Need for consistent Patient Experience
- Set therapists up for success
- Need for all staff to be a united front
- Need for staff to assist in promoting culture changes
- Build staff confidence in specialty areas
## Our Story – How?

- Needs Assessment – surveys
- Research based approach

## Critical Care Competency Components

- Orientation
- Written Test
- Verbal Test
- Observation
- Return Demonstration
- Case Study
- Suctioning

## Breakout session

- What does your hospital do in terms of orientation vs. competency?
- What works well?
- Where are your opportunities?
- What are your barriers?

## Lessons Learned

- Role of Lead has changed
- Updates to Competencies and Standards of Care
- Core group vs Entire staff
- Continue to evaluate
  - Rotations
  - Fast tracking
  - Level of 1 on 1 required

## References

Thank you!