Preceptor Confidence in Orientation Competency Assessment & Evaluation

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Introduction & Problem

Challenges in the current orientation process include:

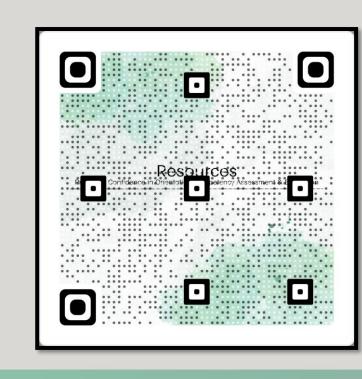
- Improvements needed in competency development to align with national standards of pediatric practice.
- The absence of utilizing a EBP competency model to decrease inconsistency in validation.
- Lack of clear objectives for preceptors to confidently evaluate competency.

Literature

- A streamlined and standardized competency form integrates objectivity in monitoring orientation competency & facilitates use of real-time organizational resources.^{1,2,3,4}
- Utilization of an electronic competency evaluation form demonstrated successful implementation of the Donna Wright Competency Model and consistency of teaching among preceptors. ¹
- Utilizing Donna Wright's Framework for competency assessment in healthcare, which improved the standardization of competency evaluation and demonstrated meaningful use of documentation and resource utilization. ^{1, 6, 7}

References

Scan here for the full list of references.



Implementation

This project uses a phased approach to modify the existing competency process for four inpatient units.

Phase 1:

Alignment of Pediatric Competency

 Alignment with SPN & ANA Scope and Standards for pediatric nursing to provide baseline for general competency.

Donna Wright's Competency Model ⁵

- Implementation framework for competency development & evaluation.
- Established defined competency expectations for evaluation to create more objective evaluation criteria.
- Defining competency versus education.
- Focused competencies needed to function within first 6 months of hire, not *every skill* in the nursing role.

Phase 2:

Electronic Formatting & Utilization

- Use of "lock down" features to avoid deletion/manipulation of form.
- Introduction to SharePoint host site for online documentation.
- Embedded online hyperlinks to pathways, policies, & learning modules.

Phase 3:

Preceptor Education Sessions

- Didactic learning & case study simulations to evaluate preceptor competency assessment & consistency of form use.
- Open forum sessions for discussion and feedback from preceptors.

RN Competency	Validation Method	Assessment & Evaluation Competency Expectations	Preceptor Initials	Validation Date	Required Orientee Resources & Guidance	e Initials
Demonstrates use of EKG machine. TSAM: Level 1	Return Demonstration	 Correctly verifies name band and enters patient MRN information. Correctly applies stickers/wires. Accurately collects data and prints EKG for provider interpretation. Communicates abnormal results to provider. 	Click or tap here to enter text.	Click or tap to enter a date.	□ EKG Placement & EKG Transmission	Click or tap here to enter text.
Actively participates in communication with providers and healthcare team members. TSAM: Level 1	Evidence of Daily Work & Peer Review	 Recognize and communicates abnormal/declining patient assessment findings. Advocates for patients to ensure unique patient needs are met. Utilizes MIPT phone for communication and paging. 	Click or tap here to enter text. Peer Reviewer Click or tap here to enter text.	Click or tap to enter a date.	☐ Integrate SBAR communication in daily practice. ☐ Find & show your preceptor the "Critical Lab Results Notification" form in Cerner Ad Hoc tab.	Click or tap here to enter text.

Outcomes

A total of 61 competencies modified to align with SPN & ANA standards. Simulated training session of the preceptors yielded an overall 79.2% agreement for evaluation of three different simulated competencies.

A total of 49 participants attended the education sessions, including preceptors, nurse educators, and nursing leadership. However, 28 matched pairs were analyzed for pre/post confidence scoring.

Pre/post scores were evaluated using a 6-point Likert scale.

Precepting Confidence Score Results						
	n	Mean difference (post-pre)	Standard deviation	t test statistic	p-value	95% CI mean difference
Post - Pre	28	0.67	0.51	7.04	<0.0001*	(0.48, 0.87)

^{*} Statistical difference for the preceptor confidence score after completion of the intervention.

Spearman Rho correlation shows moderate negative correlation (0.47, p = .02) with highly significant results related to years of precepting experience and confidence levels.

Pediatric Precepting Experience						
	Spearman correlation	p-value				
Post – Pre	-0.47	0.02*				

^{*} There was a moderate negative correlation and highly significant relationship of preceptors with more experience and knowledge gain.

Nursing Implications

Preceptor competency evaluation is the foundation of preparing new nurses for independent practice. Integrating new ways to enhance consistency with competency evaluation and gaining confidence as preceptors can be seen through the statistical significance resulting from this EBQI project.

