A performance-based development system

Abstract (Article Summary)
The employment of part-time nurses can create problems both for the nurses themselves and nurse managers. Part-time nurses require flexibility in scheduling orientation, while nursing managers need to be sure that the part-timers possess essential skills and knowledge. Realizing that it had an ineffective, disorganized, and costly orientation system, the Regional Medical Center at Memphis decided to use its already implemented Performance-Based Development System (PBDS) to evaluate nurses' ability. The part-time nurses' assessment requires 3.5 hours and is a mini version of the PBDS used with full-time nurses' assessment. It evaluates 3 areas of performance: 1. technical skills, 2. critical thinking skills, and 3. interpersonal skills. After completing the assessment, the nurse receives feedback. Evaluation of the nurse continues during the probationary period.

Full Text (1266 words)
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The difficulties experienced by hospitals all over the country in recruiting and retaining full-time qualified nurses are also a way of life in Memphis, Tennessee. Part-time work and flexible working hours attract many nurses—and accommodate nursing department needs for flexible staffing and reduced budgets. This article describes one strategy for effective utilization of part-time nurses.

The Regional Medical Center (MED) was the first hospital established in Memphis and one of the earliest hospitals in the Mid-South region. Chartered in 1829 as the Memphis Hospital, it exists to provide quality care to more than 250,000 patients annually and proudly boasts four "Centers of Excellence": The E.H. Crump Women's Hospital and Perinatal Center, the Newborn Center, the Elvis Presley Trauma Center (Level I) and the Burn Unit. More than 2700 people are employed, including 512 registered nurses (RNs), 36 of whom are "part-timers."

One of the most frustrating problems for part-time nurses is the traditional approach usually used in orientation. Because part-timers often hold jobs at other hospitals or have school commitments or family responsibilities, they need flexibility in scheduling orientation. On the other hand, nursing managers need to be sure that the part-timers possess essential skills and knowledge. Also, documentation of competency is a 1991 JCAHO requirement for both part-time and full-time nurses. To address these issues, representatives from the Education and Nursing Departments did a three-month study of the part-time orientation process from recruitment through evaluation through interviews with part-time nurses and their managers here and in other hospitals. The information obtained reinforced the obvious: flexibility of orientation and work scheduling are essential for part-timers.

The MED required part-timers 1) to attend a formal didactic orientation spread over several non-consecutive days, 2) to pass a medication administration test, and 3) to work one full day with a clinical instructor. Because part-timers worked eight-10-or 12-hour shifts, the clinical instructor and part-time nurse had to adjust schedules to make a "fit." Orientation was fragmented, disorganized and costly.

Concerned about this ineffective orientation process, nurse managers willingly participated in problem-solving sessions and discovered that:

1. Part-time nurses were sometimes hired on the spot, without proper notification to the Education Department.
2. No organized communication process existed to alert the Education Department of each part-time nurses arrival.
3. Each area/division had different orientation logistics.
4. Current documentation and evaluation tools including post-probationary evaluation were not used consistently by each manager or with each part-time nurse.

A team of directors, nurse managers and nurse educators held lengthy brainstorming sessions and identified several solutions. First, part-timers would now be part of a group called Med-Plus, a name change that gave status to the part-time nurse and reflected the expectation that part-time nurses would perform competently. New procedures for hiring part-timers would include in-depth interviews by both recruiter and manager. Most important, Med-Plus nurses’ ability to perform would be validated using the Performance Based Development System (PBDS) implemented earlier.(1-4)

The PBDS provides new nurses (RNs and LPNs) with an individualized and cost-effective orientation process based on initial assessment data about their ability to perform and their learning needs. Three areas of performance ability are assessed using PBDS: technical skills, critical thinking skills, and interpersonal skills. It is possible with PBDS to assess performance ability of nurses working in neonatal intensive care, adult critical care, medical/surgical units and obstetrics.

The Med-Plus nurses’ assessment requires 3.5 hours and is scheduled subsequent to general orientation. This is a “mini” version of the full PBDS assessment used with full-time nurses. The mini-assessment includes fewer samples of performance, particularly of technical skills which can be validated in the clinical area. Emphasis is on critical thinking ability. Because this system allows for a more flexible orientation process, the baseline assessment can be done whenever the part-time nurse’s schedule allows.

After a brief introduction to the purpose of PBDS, instructions are given and the part-time nurse completes the Med-Plus baseline assessment. Each division/area has specific assessment components designed to assess the new nurses’ skills. Exhibit I outlines the PBDS assessment for part-time RNs assigned to Adult Critical Care. (Exhibit I omitted) An education instructor is available during the Med-Plus nurses' baseline assessment to answer questions about the written instructions provided for each component in the assessment packet.

After the new Med-Plus nurse completes the relevant baseline assessment, a profile documenting the assessment data is completed by the assigned clinical instructor. An action plan that summarizes the findings and identifies learning materials and clinical guidance needed to meet learning or practice needs is developed for each part-timer. Ideally, a feedback conference is conducted with the new Med-Plus nurse, the allocations manager or unit nurse manager, the preceptor and the clinical instructor. Clinical observation, coordinated by the manager of allocations, is scheduled by the appropriate nurse manager after successful completion of both the Medication Administration Test and base-line assessment. During the clinical orientation additional technical procedures are evaluated by the nurse manager and/or preceptor.

Evaluation of the Med-Plus nurse continues during the probationary period. Although the nurse manager and preceptor are responsible for guiding new part-time nurses (Med-Plus) through the clinical PBDS orientation process, the Med-Plus nurses must prove they are competent and keep up with the paperwork or documentation.

An example of the effectiveness of the new orientation process is the story of E.T. On January 2nd, the PBDS coordinator received a telephone call from the manager of nurse resource allocations informing her that a Med-Plus nurse, E.T., had successfully completed the required medication administration test, met the physical examination requirements and completed the general orientation process. The manager asked E.T. to report to the Education Department on January 4th at 12:00 noon to complete her PBDS orientation.

Immediately upon arrival in the Education Department, E.T. was taken to the PBDS Skills Lab for assessment, which included 10 clinical judgment video simulations in approximately two to four minutes. These simulations include a variety of patients of diverse ethnicity, age and gender. The patient problems are based on a set of information cues and clues presented by means of graphic sheets, laboratory data, monitor screens, patient signs and symptoms and verbal information. Problems include common risks seen in the clinical specialty, ranging from overt/singular problems to covert/mixture problems. The remainder of E.T.’s assessment is described in Exhibit I. Throughout the mini-assessment, E.T. was reminded that the assessment was being used to identify her
performance ability and learning needs.

Immediately upon completion of the mini-baseline assessment, E.T. was given feedback on her performance. Again, it was stressed that the baseline assessment is used to validate performance ability and identify learning needs. ET.’s individual action plan was shared with her and with the manager of allocations and the unit nurse manager. (See Exhibit II.) (Exhibit II omitted) E.T.’s preceptor was given the information by the unit nurse manager. Now this action plan can provide explicit direction/guidance for the preceptor/manager for follow-up and future continuity of development.

REFERENCES


Charles Etta Anthony, BS, RN, is Educational Services Instructor and PBDS Coordinator at Regional Medical Center at Memphis, in Memphis, Tennessee, and Dorothy J. del Bueno, EdD, RN, is Assistant Dean, School of Nursing, at the University of Pennsylvania, Philadelphia, Pennsylvania.