Twelve keys to effective competency programs

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What does it take to ensure an effective competency program? **Acutecaretesting.org** asked three point-of-care coordinators (POCC) with solid programs what makes their competencies work. Their input resulted in a list of 12 key recommendations.

1. Start by ensuring good training

Good training is the basis of an effective competency program. In addition to providing a solid introductory training for nurses expected to do tests at the point of care, make use of checklists they can keep after the training is over.

"Ideally, checklists should include all the important aspects required to correctly perform testing," says Elizabeth Porter, POCC at Lab One in Cincinnati, Ohio, USA. "In other words, they should be educational in themselves. So when putting checklists together, make them as complete as possible by researching instrument manuals, package inserts for reagents and QC materials, training materials from vendors and regulatory or certifying agency standards. Procedure and/or training materials from other institutions can also be a great source of inspiration."

High staff turnover can make ongoing training a neverending nightmare. Letting vendors take some of the burden can be an option. "Everybody's resources are limited, so if vendors can provide some of the training, that is fine," says Elizabeth. "But you want to ensure training sessions and materials reflect the standards and realities of your institution: from control ranges used to the way you register patients."

Good training is ongoing training. But making ongoing training widely available may require bringing it to the nursing units - literally. "*Nurses are very busy and it is*

not always possible for them to leave their units for an hour to do training," says Janet F. Burckell, POCC at the Mary Washington Hospital in Fredericksburg, Virginia, USA.

Janet, who works at a medium-sized hospital, explains that today, instead of calling nurses in for training, she has trainers go to the units and train small groups of nurses whenever nurses are available. "Going to them, rather than asking them to come to us has proved to be a much better approach," Janet concludes.

2. Keep it simple and real

When assessing the competency of POCT staff, you want the assessment to resemble real life as much a possible – be it through written assessments, direct observation or a combination of both. You want to keep it real, but you also want to keep it simple.

At the Penn State Milton S. Hershey Medical Center, POC staff do competencies by performing procedures at a series of workstations that resemble their work environment. Procedures can include maintenance, initial QC, running tests, testing unknown samples, reporting results and troubleshooting.

"Our approach is very straightforward," says Peter Gawron, one of the two POCCs at the Milton S. Hershey Medical Center responsible for assessing the competency of more than 1200 in-patient nurses and staff working at a number of related outpatient clinics. "But then again, new technology should only be incorporated if it adds value to the assessment process. It is not because we can do something, that we should do it. Flashy animations that only a limited number of people can access do not help the process – they get in the way. When training and assessing competency, it is important to simulate real-life situations as much as possible."

3. Keep it short and to the point

Effective competency assessment is about getting the message across - quickly.

"Nurses and hospital staff are busy," says Janet. "So try to cover the most important points of operation in a brief, easy-to-follow format." She goes on to explain: "It's not that hospital staff do not want to be compliant; but to be effective, competency assessment has to make the point quickly and easily."

4. Keep it current

Competency assessment should always reflect the issues POC personnel are currently facing. "Competency should be flexible," explains Janet. "There is no need to do competency on the same thing year after year. New issues appear all the time. They should be noted and included in the next assessment."

5. Tie competency assessment with an annual event

Running assessments in connection with an annual event can help secure that competencies are conducted every year. At the Mary Washington Hospital, competencies are assessed in connection with the hospital's annual performance review. Competencies must be completed by December each year.

According to Janet, connecting competencies with the annual performance review has helped the hospital eliminate last-minute scrambling before inspections. "For us, it has been a good way to ensure that competency assessment gets done on time and that the program is always up-to-date."

6. Give feedback to users right away

Direct observation of those taking their competencies allows you to pick up on a problem and fix it – immediately.

"Earlier we would ask our staff to take their competency test privately and then return it to us," Janet explains. "But there were two problems with that. First, competencies were not always returned.

Second, we did not really get a feeling if our staff were

having problems with a particular procedure. When you are standing there, face to face, you can pick up on a poor technique and correct it right there. And it is easier for the person being tested to say: by the way, I'm having a problem, can you help me."

7. Connect activity to patient care and outcomes

As Elizabeth puts it: "Competency is a regulatory requirement, but it is also a good idea if you want people to provide good patient care." However, getting everybody as excited about being tested as you are about testing them can be a challenge.

"Nurses are mainly concerned with providing quality patient care," says Peter. "So when explaining why we must assess competency, the answer should not be because regulations tell us to. The key here is to communicate how competency can help ensure reliable test results, which will in turn assure proper patient care."

To Peter, the change in approach is crucial. "Competency goes from being something you have to do to something that you want to do to make sure you are providing the best patient care you can."

8. Get nursing involved

"Establishing a good rapport with the nursing staff is essential – competency assessment must be an interdepartmental team effort," says Janet.

According to her, as POCC you can develop and manage tools for training, competency and continuous education. "But many times, it is the senior nurses that will take these tools down to the unit level," she says.

Mutual cooperation is essential – also when it comes to what to assess and how to do it. "Get others involved and listen to their ideas," says Peter. "People want a platform for being able to contribute with their thoughts and ideas so they can make the process their own. Competency assessment can only be enriched by the input of laboratorians and non-laboratorians alike."

9. Use competency as an educational opportunity

Competency is not only about checking up on people; it is also a great educational opportunity.

Janet explains: "Make competency a learning experience. Include questions on the preanalytical, analytical and postanalytical phases of testing. A preanalytical question could be about sample transport. For the analytical phase, I'll typically ask them do to a QC routine. For the postanalytical phase, I could ask about critical ranges. I also try to have a general question, i.e., who do you call for supplies if you run out and I'm not here?"

Janet also recommends including questions on troubleshooting. "A lot of troubleshooting can be done by nurses themselves. By teaching them how to do it, you not only empower them to take charge, but also help to ensure that instruments are not taken out of service," she concludes.

According to Peter, assessments also represent an educational opportunity for those who run it. "Sometimes we will discover that the reason staff have trouble in remembering how to do a test is because it is so seldom done in the department," he says. "Then it is up to us to evaluate whether this type of testing should be done at the department at all. Maybe there's no real clinical need – maybe it's just too expensive both to have the instrument in the department and assess competency in that area."

10. Assess the program every year

Taking the time to evaluate how this year's assessment went may save you precious time in the years to come. "Once all users have been tested, it is really important to take some time to reflect on the whole process," Peter explains. "Did we do a good job? What can we do better next time? These questions need to be asked and answered. We are always complaining of how busy we are, but the time we spend on revising the whole process now will probably save us time in the future."

11. Make copies of all documentation

Documenting competency assessment is required for inspection. "To make sure important information does not get lost, it is a good idea to have a two-copy system for documentation," recommends Elizabeth. "Have two copies of everything: one copy should go to the employee's educational file and the other one should be filed and readily available in the POCC's office."

12. Make it fun

"Having your competency assessed can be awkward, not to mention stressful," says Peter. "Some feel like they are under pressure and that's not always fun. You can see it in their faces the moment they walk in."

"To make people relax, we do different things. We try incorporating humor by naming the samples creatively with names of people that are currently in the news. Or we will have a bowl of candy, which participants can take from once they're finished. We want to be tough on standards, but soft on people," he concludes.

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- 4. Keep it current
- 5. Tie competency assessment with an annual event
- 6. Give feedback to users right away
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- 8. Get nursing involved
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- 12. Make it fun

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