



## Performance Gap Analysis: Transitioning RNs to a New Area of Practice

Jean Shinnars PhD, RN-BC  
Yvonne Brooks RN

### DISCLOSURES

Jean Shinnars and Yvonne Brooks have received no commercial support  
and declared no conflict of interest for this CE activity .

ANCC defines commercial support as “financial or in-kind contributions by a  
commercial interest that are used to pay for all or part of the costs of a CNE activity.”  
[pg. 101]

Conflict of interests is defines as “an affiliation or relationship with a commercial  
interest organization of a financial nature that might bias a person's ability to  
objectively participate in the planning, implementation, or review of a learning  
activity.” [pg. 100]

©2014 Versant Holdings, LLC. All Rights Reserved.

### OBJECTIVES

1. Describe the three key components of the performance gap analysis.
2. Demonstrate how the gap analysis is used in the creation of an individualized learning plan for the RN transitioning to a new area of practice.
3. Describe the metrics used to evaluate the program and participant data obtained over a 2 year period.

©2014 Versant Holdings, LLC. All Rights Reserved.

## COMPONENTS OF AN RN RESIDENCY

- **Competency based**
- Structure and standardization
- Evidence based content
- Educational content management
- Clinical immersion experience with dedicated, educated preceptors
- Support: subject matter experts, mentors, debriefers
- Transparency and accountability
- Communication
- Active stakeholder engagement & organization-wide commitment
- Rigorous evaluation

©2014 Versant Holdings, LLC. All Rights Reserved.

## QSEN

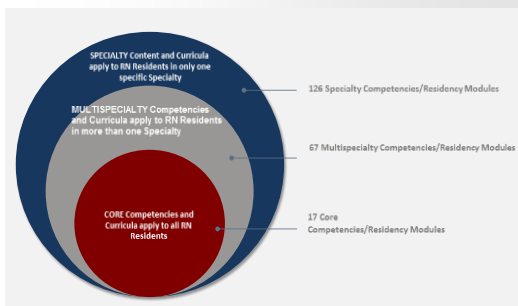
Quality and Safety Education for Nurses [qsen.org]

- Knowledge, skills and attitudes
- Competencies as Performance Criteria
  - Patient-centered care
  - Teamwork and collaboration
  - Evidence-based practice
  - Quality Improvement
  - Safety
  - Informatics

To provide quality & safety education to ALL RNs at the point of care

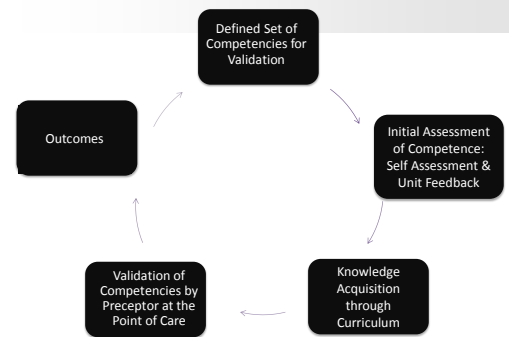
©2014 Versant Holdings, LLC. All Rights Reserved.

## COMPETENCY BASED



©2014 Versant Holdings, LLC. All Rights Reserved.

## COMPETENCY VALIDATION



©2014 Versant Holdings, LLC. All Rights Reserved.

## OBJECTIVE 1: THREE KEY COMPONENTS OF THE PERFORMANCE GAP ANALYSIS

- Self-assessment
- Prior Unit Feedback
- Competency Knowledge Assessments



The purpose of the Performance Gap Analysis is to provide the RN with a recommended learning plan to ensure an effective and timely transition to safe clinical practice.

©2014 Versant Holdings, LLC. All Rights Reserved.

## KEY COMPONENT 1 Knowledge Assessment

### Competency Knowledge Assessments (CKAs)

- Conceptual framework: Competency Outcomes and Performance Assessment (COPA) Model
- Guidelines for Writers & Reviewers
- Test/assessment reliability [Kuder-Richardson]
- Test/assessment Item analysis [Oermann & Gaberson]

©2014 Versant Holdings, LLC. All Rights Reserved.

## Sample Item

•**Competency:** Managing Care of the Patient with a Vascular Access Device

•**Correlating Module:** Vascular Access Devices

•**Stem:** Ms. J requires 2 weeks of antibiotic therapy. The appropriate access device for this purpose is:

•Correct response & 2 distractors

•**COPA Competency:** 1, 3, 8

©2014 Versant Holdings, LLC. All Rights Reserved.

## KEY COMPONENT 2

### Competency Self-assessment

- Transition RNs complete a competency self-assessment for the specialty area they are transferring to
- Self-assessment engages learners to examine and reflect on what they know or what they have experienced. It is a strategy to assist them in preparing for and taking ownership of the transition process
- Nurses' perceptions of their own clinical judgment abilities tend to be lowest 6 months after they start their first position and show improvement after 12 months (Bratt & Felzer, 2011)

©2014 Versant Holdings, LLC. All Rights Reserved.

## KEY COMPONENT 3

### Prior Unit Feedback

- Prior unit feedback validates the TRs competency self-assessment. This addresses both prior unit feedback and contributes to the attitude and behaviors assessment.
- Units work together to develop staff and move into new areas of practice. Promotes staff planning and backfilling positions left vacant
- TRs coming from outside the organization may be missing this component

©2014 Versant Holdings, LLC. All Rights Reserved.

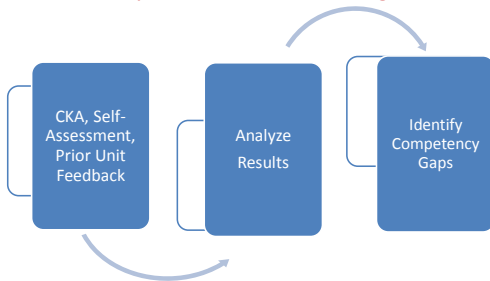
## Objective 2

- Demonstrate how the gap analysis is used in the creation & implementation of an individualized learning plan for the RN transitioning to a new area of practice.

©2014 Vermont Holdings, LLC. All Rights Reserved.

### The Learning Plan

#### Development of the Learning Plan



©2014 Vermont Holdings, LLC. All Rights Reserved.

Gap Analysis Learning Plan	Self Assessment	Previous Unit Assessment Unit manager, educator, or designee that oversees direct patient care	Competency Knowledge Assessment	Recommended Learning Plan				
				To be completed by the RN, Unit Manager, Educator and Transitioning Manager if applicable				
				Organization of the unit	Division of the unit	Individual Nurse's current knowledge	Individual Nurse's learning needs	Ready for validation by observation
<b>Included in all Competencies</b>								
Diversity & Culture in the Healthcare Environment	N/A	N/A	1 6 10 16				Diversity and Culture in the Healthcare Environment	
Effective Communication	N/A	N/A	3 7				Effective Communication	Ready for validation by observation
Advocacy	N/A	N/A	12 16 18				Advocacy for Vulnerable Populations	Ready for validation by observation
Safety	N/A	N/A	6				Safety	Ready for validation by observation
<b>Core Competencies</b>								
1.1 Coordinating Patient Care: Diagnostic Tests & Procedures, Resuscitation	4	3	13 14				Effective Communication and Clinical Documentation	
1.2 Coordinating Patient Care: Healthcare Provider Orders	3	3	13 14 16				Effective Communication and Clinical Documentation	Review of content and competency criteria required prior to validation by observation
1.3 Coordinating Patient Care: Patient Hand Off Communication	3	3	3 29				Effective Communication and Clinical Documentation	
1.5 Implementing an Emergency Response	4	3	40 41 42				Bringing the Code	

©2014 Vermont Holdings, LLC. All Rights Reserved.

Top Analysis Learning Plan Goal: Competency one observed in the context of the organization, including data and the role of the learning and development plan to be developed and to be achieved	Self Assessment	Preceptor Assessment Preceptor assigned and observed that person one	Competency Knowledge Assessment	Recommended Learning Plan				
				Is the competency observed in the context of the organization, including data and the role of the learning and development plan to be developed and to be achieved	Is the competency observed in the context of the organization, including data and the role of the learning and development plan to be developed and to be achieved	Is the competency observed in the context of the organization, including data and the role of the learning and development plan to be developed and to be achieved	Is the competency observed in the context of the organization, including data and the role of the learning and development plan to be developed and to be achieved	Is the competency observed in the context of the organization, including data and the role of the learning and development plan to be developed and to be achieved
1.1 Managing the Airway Respiratory & Patient Airway	4	3	13				Organ Assessment and Emergency Resuscitation B Assessment: Assessment: Delta Life	2
1.2 Managing the Care of the Patient with the Respiratory System	4	3	11				Respiratory Assessment: Delta Life	2
1.3 Managing the Care of the Patient with the Respiratory System	3	3	11				Effective Plan Management	2
1.4 Managing the Care of the Patient with the Respiratory System	4	3	11				Professionalism: Assessment & Resuscitation Pathways	2
1.5 Safe Administration of Non-Invasive Ventilation	3	3	11				Safe Handling of Medications	2
1.6 Documentation	3	3	11				Critical Documentation	2
1.7 Patient/Family Education	3	3	11				Multiple Modules	2
1.8 Delegating to Assistive Personnel	4	3	11				Professional Role: Part 2	2
1.9 Documentation: Respiratory Delta	3	3	11				Respiratory Delta: Part 1	2
1.10 Performing a Physical Assessment	3	3	11				Multiple Modules	2
1.11 Age Appropriate Care: Assessment	3	3	11				Multiple Age Appropriate Modules	2

©2014 Vivant Holdings, LLC. All Rights Reserved.

Ready for validation by observation

Review of content and competency criteria required prior to validation by observation

# Learning Plan Implementation Baptist Health South Florida



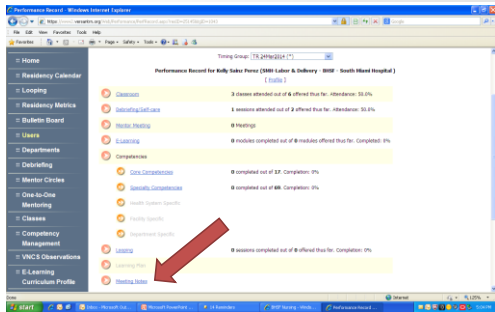
©2014 Vivant Holdings, LLC. All Rights Reserved.

## Learning Plan Stakeholders

- Role of the TR-RN
- Role of the Educator
- Role of the Preceptor
- Role of the Nurse Manager

©2014 Vivant Holdings, LLC. All Rights Reserved.

## Learning Plan Documentation



©2014 Versant Holdings, LLC. All Rights Reserved.

[illegible]

## Learning Plan Implementation Baptist Health South Florida



©2014 Versant Holdings, LLC. All Rights Reserved

## Lessons Learned

[illegible]

## Focus Group Feedback—What Worked

- “Completing the self-assessment provided an opportunity to consider the competencies that are part of my role.”
- “Using the Learning Plan as a communication tool really works well. It’s good to know we’re all on the same page with the same expectations.”

©2014 Versant Holdings, LLC. All Rights Reserved

[illegible]

### Focus Group Feedback: What Needs Improvement

- “The learning plan needs to be automated.”
- “Everyone needs to be educated to its purpose. Not all staff were familiar with it.”
- “The thought of having to validate all of the competencies within a given amount of time was daunting at times!”

©2014 Versant Holdings, LLC. All Rights Reserved.

---

---

---

---

---

---

---

### Focus Group Feedback—What Worked

- When asked to have additional hands-on training time some clinicians said yes [ED]
- Simulation
- Mock codes ACLS/BCLS
- Module questions/puzzles/fill in the blank/case studies

©2014 Versant Holdings, LLC. All Rights Reserved.

---

---

---

---

---

---

---

### Focus Group Feedback: What Needs Improvement

- Preceptors are key
  - Education & role clarification
  - Consistency. Schedule conflicts
- More time for skill acquisition
- Share TR feedback with SMEs
- ED doctors acting “snippy”
- More time on night shift
- Add another resource when TRs are working

©2014 Versant Holdings, LLC. All Rights Reserved.

---

---

---

---

---

---

---



### Objective 3

Describe the metrics used to evaluate the program

©2014 Versant Holdings, LLC. All Rights Reserved.

### METRICS

#### Demographics & Background

- |                                      |   |
|--------------------------------------|---|
| Q1 Basic Nursing Education           | Q6 Experience as an RN in another country           |
| Q2 Additional Education              | Q7 Did you get your 1 <sup>st</sup> choice for unit |
| Q3 Previous experience in healthcare | Q9 Ethnic identity                                  |
| Q5 More than 6 months RN experience  | Q10 Gender  |
|                                      | Q11 Age   |

©2014 Versant Holdings, LLC. All Rights Reserved.

### METRICS

- **Group Cohesion:** Good & Nelson (1973) *Effects of person-group and intragroup attitude similarity on perceived group attractiveness and cohesiveness: II*. Psychological Reports 33, 551-560
- **Corwin's Nursing Role Conception:** 14 hypothetical situations to identify professional-organization role development. Corwin & Taves (1962) *Some Concomitants of bureaucratic and professional conceptions of the nurse role*. Nursing Research 11(4), 223-227
- **Organizational Commitment.** Mowday RT, Steers RM, Porter LW. (1979). *The measurement of organizational commitment*. J Vocational Behavior, 14:224-247.

©2014 Versant Holdings, LLC. All Rights Reserved.

## METRICS

- **Work Satisfaction.** Hinshaw & Atwood (1983) *Nursing staff turnover, stress, and satisfaction: models, measures, and management.* Annual Review of Nursing Research 1, 133-153
- **Turnover Intention.** Hinshaw & Atwood (1982) *Anticipated Turnover: a preventative approach.* Western Journal of Nursing Research 4(3), 54-55.
- **Leader Empowering Behaviors.** Hui, C (1994) *Effects of Leader Empowerment Behaviors and Followers' Personal Control, Voice and Self-Efficacy on In-Role and Extra-Role Performance: An Extension and Empirical Test of Conger and Kanungo's Empowerment Process Model.* Dissertation- available at University of Illinois

©2014 Versant Holdings, LLC. All Rights Reserved.

## Metrics & Evaluations

- A pre-Versant comparison group also completes the metrics
- Metrics are completed at week 2 and the last week of the TR
- During post-immersion, metrics are completed at months 12, 24, 36, 48, and 60
- Focus group is completed during the last week of the Transition Residency
- Metrics are compared to VNDB and the organizations comparison group

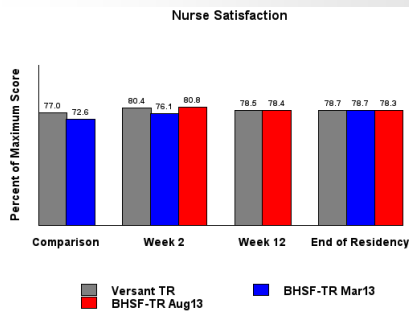
©2014 Versant Holdings, LLC. All Rights Reserved.

## BHSF DATA

- 2 cohorts completed: March/August 2013
- N: 38
- Education: 12 Associate Degree. 25 Baccalaureate.
- Age: Most (64.2%) in the 23-30 year range
- Average years of experience.
- 50% had previous experience as CNAs with average of 1.08 yrs.
- Higher than average retention rates
  - 94% from March 2013 cohort
  - 100% from August 2013 cohort

©2014 Versant Holdings, LLC. All Rights Reserved.

NURSE SATISFACTION



©2014 Versant Holdings, LLC. All Rights Reserved.

---

---

---

---

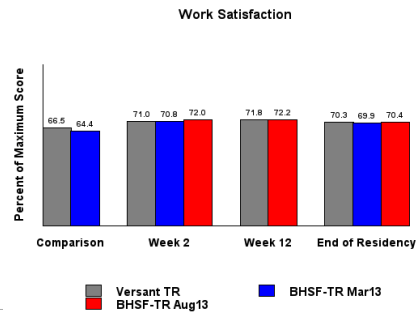
---

---

---

---

WORK SATISFACTION



©2014 Versant Holdings, LLC. All Rights Reserved.

---

---

---

---

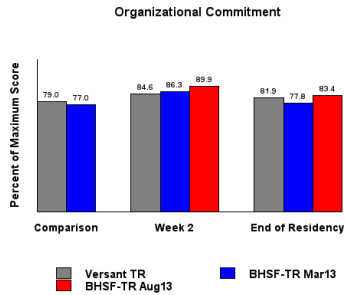
---

---

---

---

ORGANIZATIONAL COMMITMENT



©2014 Versant Holdings, LLC. All Rights Reserved.

---

---

---

---

---

---

---

---

## LEADER EMPOWERING BEHAVIORS



©2014 Versant Holdings, LLC. All Rights Reserved.

## IMPLICATIONS FOR PRACTICE/ EDUCATION

- IOM Recommendation 3: Implement Nurse Residency Programs. New graduate, new area of practice & APRN residency's are "must haves"
- Nurse Residency programs improve confidence, competence and retention
- Programs must be standardized and consistent across the organization/ system
- Residency's provide opportunities for the interprofessional development of all staff
- A successful residency results in organizational change and improved engagement
- Teach to the competency—practice based learning

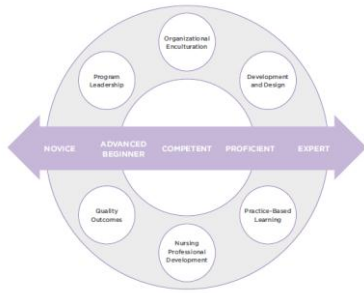
©2014 Versant Holdings, LLC. All Rights Reserved.

## ANCC MAGNET COMPONENTS

- Transformational Leadership
- Commitment to professional development:
  - SE 5: Structure & process to provide CE for nurses at all levels in all settings
  - SE7: Structure & process to promote the teaching role of nurses
  - SE 8: Nursing facilitates the transition of new graduate nurses into the work environment
- Exemplary Professional Practice
  - Culture of Safety

©2014 Versant Holdings, LLC. All Rights Reserved.

## ANCC PRACTICE TRANSITION ACCREDITATION PROGRAM (PTAP) Model



©2014 Versant Holdings, LLC. All Rights Reserved.

## Questions?

Please contact Jean or Yvonne with  
questions/comments.

[jshinners@versant.org](mailto:jshinners@versant.org)

[YvonneB@baptisthealth.net](mailto:YvonneB@baptisthealth.net)

©2014 Versant Holdings, LLC. All Rights Reserved.