Peer to Peer Validation

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Outline

- **Background**
  - BCCH
  - Critical Care Program

- **Situation/Problem**

- **Search for Solutions**
  - Rapid Process Improvement Workshop

- **Solutions**
  - Professional Development Pathway
    - Critical Care Skills List
    - Validation Tools Developed
    - Validators and Necessary Skills Identified
    - List of Validators Revised

- **Literature Review Support Tools for Validators**
  - Roles and Supports in Validation
  - Positives/Challenges and the Way Forward
British Columbia Children’s Hospital

- The province’s tertiary care centre for children and youth
- 142 bed inpatient facility
- Deliver the following programs
  - Critical Care
  - Cardiac Sciences
  - Neurosciences
  - Oncology/Hematology/Bone Marrow Transplant
  - Pediatric General and Sub-specialty Medicine
  - Surgery and Surgical Suite Service
  - Child Development and Rehabilitation Program
- Academic health centre affiliated with University of British Columbia
Critical Care Program

- 22 bed combined Intensive Care Unit and Transitional Care Unit
- Deliver services to all programs
- 1200 admissions per year
- 50% of patients cardiac
- Provide critical care services for infants→18 years
  - average age of patient = 3.5 years
- Intraprofessional team
  - 118 RNs
  - 40 RT’s
  - 10 Allied Health
  - 5 Intensivists
The Situation

- Continual intake of new staff → limited attention to ongoing competency development and validation
- Varied perceptions regarding progression in Critical Care beyond initial orientation
- Varied points of entry with differing experiences
- Supervision and measurement of competencies on an ongoing basis challenging d/t scheduling, role clarity, & unit activity
- Development pathways and expectations are not clear (clinical, leadership, education)
Frustrated staff (= push system)
Mismatch patient needs to nursing skills (lack of synergy)
Competency Validation process not formalized (resource intense)
Staff take cues regarding performance feedback based on selected advancement
Problem

- Mismatch
  - Between nurse competence
  - Patient needs
- Overtime and burnout
- Low morale for the less skilled nurses
- Increased Capacity
Search for Solution

- Rapid Process Improvement Workshop
  - Identify the challenges of advancing and keeping the nurses’ competencies current.
  - Plan for advancing newly hired nurses.
  - Maintain and advance skills of currently employed nurses.
What did we do?

- Four areas of work
  - Pathway development
  - Evaluation and Validation
  - Professional Portfolio
  - Roles and Supports
Aim of Pathway

- Create a competency based, learner centered professional development pathway for Critical Care RNs in PICU from the time of hire through the first two years.
- Pathway to be
  - clear
  - transparent
  - visible
- Points of feedback & progression is objective = validation process
Staffing Model

STAFF GROUPS FOR SELF SCHEDULING

CNC, CNL Group.
Aim to schedule for Charge coverage

CRN Schedule independently to Unit/Role needs.

CCLN schedule as group to cover all Liaison shifts & remaining Hours as Clinical Day shifts on unit.
NB. Charge capable in Liaison group.

Charge Capable & ECLS Group
Aim to Staff 2 per shift

Advance & Complex Competent Group
Aim to staff 5 per shift

ICU Development Group
Aim to have 9 per shift

TOTAL = 16 + Charge per shift
### Critical Care Skills List

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<th><strong>ORANGE</strong></th>
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<td>☐ Safety assessment</td>
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<td>Blue Level Skills +</td>
<td>Yellow Level Skills+</td>
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<td>☐ Patient Assessment</td>
<td>☐ Care of stable ventilated patient</td>
<td>☐ ICP monitoring/EVD management</td>
<td>☐ Open Heart Admissions</td>
<td>☐ Oriented to &amp; Assumes Charge Nurse role</td>
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<td>☐ Patient Care Standards</td>
<td>☐ ECG interpretation (Sinus, Atrial, Ventricular rhythms and Blocks)</td>
<td>☐ PD</td>
<td>☐ Advanced hemodynamic monitoring (LA/PA)</td>
<td>☐ A&amp;R role</td>
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<td>☐ Basic ABG interpretation</td>
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<td>☐ Nursing ECLS patient</td>
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<td>☐ Non invasive ventilation</td>
<td>☐ Thermoregulation (use of warming/cooling devices)</td>
<td>☐ Resuscitation skills</td>
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<td>☐ BiPAP</td>
<td>☐ PALS certification</td>
<td>☐ Trauma admission</td>
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<td>☐ Mentor</td>
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<td>☐ High Flow O2</td>
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<td>☐ Care and management of child receiving HFO</td>
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<td>☐ ECG interpretation (NSR, too slow, too fast)</td>
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<td>☐ Care and management of child with a tracheostomy</td>
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<td>☐ Patient admissions/ transfers/discharges</td>
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<td>☐ Wound management</td>
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<td>☐ Resource access</td>
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<td>☐ Nursing communication in rounds, transitions and shift handover</td>
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<td>☐ Documentation</td>
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**Additional skills:**
- ☐ Chest Tube and Pacer wire removal
- ☐ CRRT

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**Orange Level Skills:**
- ☐ Open Heart Admissions
- ☐ Advanced hemodynamic monitoring (LA/PA)
- ☐ ACLS
- ☐ Nursing ECLS patient

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**Purple Skills:**
- ☐ Care and management of artificial airways
- ☐ Care of stable ventilated patient
- ☐ ECG interpretation (Sinus, Atrial, Ventricular rhythms and Blocks)
- ☐ Pain and Sedation Management
- ☐ EOL care
- ☐ Thermoregulation (use of warming/cooling devices)
- ☐ PALS certification
- ☐ Preceptor

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**Blue Level Skills:**
- ☐ ICP monitoring/EVD management
- ☐ PD
- ☐ Pacemaker therapy
- ☐ Burn Care
- ☐ Resuscitation skills
- ☐ Trauma admission
- ☐ Mentor
- ☐ Care and management of child receiving HFO

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**Yellow Level Skills:**
- ☐ Open Heart Admissions
- ☐ Advanced hemodynamic monitoring (LA/PA)
- ☐ ACLS
- ☐ Nursing ECLS patient
## PICU Levels of Care

**Pediatric intensive care - Level 1**

A child who requires intensive and continuous supervision, with two or more organ systems needing technological support, including advanced respiratory support. The child will be undergoing complex therapeutic and monitoring procedures; for example, ventilated children undergoing advanced renal support, children who have suffered major trauma, or children who have undergone very complex major surgery.

**Pediatric intensive care - Level 2**

A child who will always require continuous nursing supervision and who may need ventilatory support, or support for two or more organ systems. Sometimes the child will have one organ system needing support and another suffering from chronic failure. Usually children receiving level 2 care are intubated to assist breathing.

**High dependency care - Level 3 & 3T**

A child who requires closer observation and monitoring than is usually available on a general children's ward. For example, the child may need continuous monitoring of the heart rate, or non-invasive blood pressure monitoring and respiratory monitoring. High dependency is sometimes provided as a step down from intensive care. 3T refers to a child with technology dependence for a long term chronic or medically complex condition. The child might have a trach or require a form of established ventilator support. An acute illness on top of normal technology dependence would make them a level 2.

**Specialist / Close Observation dependency care - Level 4**

A child who requires specialist care and close observation and monitoring; this can be provided by the specialist ward team with the support of ICU outreach. For example, the child may need monitoring of the heart rate, or non-invasive blood pressure monitoring and a low nurse patient ratio. This can be delivered in ward clinical areas.

*It is important to note that many children may have need of more than one category of care during a single continuous period of treatment in Hospital.*
Why is advancement important?

- Nurses are clear on the expectation for development and can actively engage in their own learning.
- Capacity is enhanced by ensuring appropriately trained staff are available to care for the various levels of patient care needs.
- Retention is addressed and nurses have higher satisfaction levels with a clear pathway for professional progress.
Why is Validation Essential?

- To establish the current level of competency
- To identify ongoing learning needs
- To aid staff in formulating learning goals for ongoing professional development
- An opportunity to provide feedback
- To reinforce ‘good practice’ and mitigate declines in skill attainment
- Confidence in ‘competent’ team members
Evaluation and Validation

- CAPE tools utilized for ongoing competency development
- Validation tools to be developed for competency validation
- Roles will define who can validate and how (see roles)
- Regular check-ins, validation, evaluation and feedback is being built into the system (see STOP signs on the pathway)
Validation tool development

Development opportunity for senior nurses

Bank of workable tools

Purple

Blue

Grey

Green

Orange

Interview guide to support process

... explain to me what you know about

... explain to me what you are doing? Why?

... describe what you would do if...?

... what are the implications for this patient?

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<th>Skills Validation: Interview Guide</th>
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<tbody>
<tr>
<td><strong>Knowledge</strong></td>
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<tr>
<td>Explain to me what you know about ____________________________ (e.g. normal function of... normal results, normal growth and development, etc.)</td>
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<td>Tell me how this situation differs from the norm?</td>
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<td>What concerns you the most about ____________________________ (e.g. what makes this child unstable, potential risks to patient or procedure)?</td>
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<td>Tell me about this ____________________________ (e.g. diaphragm = lab, CXR, etc.) and what would you expect the child to look like?</td>
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<td><strong>Skill</strong></td>
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<td>Explain to me what you are doing (e.g. procedure, assessment, preparation)?</td>
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<td>What are some of the reasons this is important (e.g. rationale, prioritizing)?</td>
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<td>What resources are available to you? (e.g. people, policies, references)</td>
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<td>Observe for utilization of resources (where would you find, who could assist you, what is available to...)?</td>
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<tr>
<td><strong>Clinical Decision Making</strong></td>
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<td>(problem solving, resources, safety, etc)</td>
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<td>Describe what you would do if ____________________________? (e.g. adverse event, complication, emergency situation)</td>
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<td>You need to do the following ____________________________? how would you prioritize this? (Admission, emergency, etc.)</td>
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<td>How would you approach this situation (e.g. skill, clinical situation, complication, emergency situation)?</td>
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<td><strong>Patient/Family Considerations</strong></td>
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<td>(teaching, support, discussions, etc)</td>
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<td>What are the implications for this patient/family?</td>
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<td>How would you support or address this particular patient concern?</td>
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<td>What resources would you need? how would you use them?</td>
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<td>Where and who would you go for assistance to address cultural/individual needs?</td>
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<td><strong>Documentation</strong></td>
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<td>How, what, and where would you document?</td>
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### Skills Validation Tools (SVT)

#### Validate domains of competency
- **Knowledge**
- **Skill**
- **Clinical Decision Making**
- **Patient & Family Considerations**

#### Learning Assessment and Activities

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<th>Learning Assessment and Activities</th>
<th>Clinical Skill Validation: Open Heart Admission</th>
<th>Critical Thinking</th>
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<th>Clinical Decision Making</th>
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<td>Learner achievement of milestones:</td>
<td>1. Demonstrates knowledge of abnormal physiology:</td>
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**Learning Activities:**
- Review relevant learning packages (incubation, skill and open heart review)
- Review simulation and modeled scenarios related to surgical intervention (include patients, fluids, etc.)
- Review Heart & Soul Manual open heart surgery troubleshoot and problem-solving techniques

**Validation methods:**
- Ongoing self-assessment, self-monitoring with faculty
- Simulation with critical thinking

**Critical Thinking:**
- Patient family teaching guide
- Patient family teaching sheet
- Patient family teaching brochure

**Knowledge:**
- Cardiac output
- Cardiac conduction
- Cardiac function

**Skill:**
- Patient & family considerations
- Patient family teaching guide
- Patient family teaching sheet
- Patient family teaching brochure

**Clinical Decision Making:**
- Patient family teaching guide
- Patient family teaching sheet
- Patient family teaching brochure

**Patient & Family Considerations:**
- Patient family teaching guide
- Patient family teaching sheet
- Patient family teaching brochure
Validators – first vision

- Nursing Leadership Team
  - Clinical nurse leaders
  - Educators
  - Clinical resource nurses

- CRN role
  - Best aligned with job description
  - Culture change dependent on successful launch
  - Bedside support key component of role
  - Timely, in the moment validation
Validators – future vision

- CRN’s to lay foundation
  - Role model and mentor validation process
  - Engage preceptors, mentors and senior nurses

- Future outcome
  - Routine points of validation achieved
    - ‘Check in’ points on pathway
  - 50 validation tools
    - Reflective of skill attainment at various points on pathway
  - 100 + nurses require annual validation
    - Successful full implementation of pathway requires engagement of staff in peer evaluation
Buddy nurses and preceptor provided feedback
- Structure informal and not always complete or objective
  - ‘Good to go’
  - ‘Have no concerns’
  - Sandwich technique ‘your good, but you did this wrong, but you’re good’
- Tensions amongst individuals re: expectations of good practice
- Peer validation past challenges
- Time
- Lack of confidence and competence amongst individuals to execute
Six Contemporary peer review principles

- Peer is someone of same ‘rank’
- Practice focused
- Timely, routine feedback that is a continuous expectation
- Fosters a continuous learning culture of patient safety and best practice
- Feedback is not anonymous
- Incorporates the nurse’s developmental stage

“Putting peer-review into activities at the point of care encourages staff to take an active role in monitoring and improving unit-based quality and safety outcomes. …staff nurse leadership promotes ownership and accountability for outcomes within the peer group and can yield creative solutions to long-standing issues.”

- Haag-Heltman/George Nursing Peer Review: Principles and Practice.
Literature Review

- Studies revealed that “competencies are most accurately assessed at the bedside or point of care” (Bradley and Husman, 2003).

- Literature review revealed that peers are one of the most important sources of learning (Mauer, 1997)

- “…they have a unique opportunity to influence group behavior as role models who are viewed as nonthreatening.”

- “…trained peers can effectively convey information and, as they work closely with colleagues, can identify learning needs.” (Usher 1999)

“An innovative Education Program - The Peer Competency Validator Model”- Ringerman, Flint, Hughes.
Who makes the ideal validator?

- Clinical experience
- Communication skills
- Ability to make it a positive experience
  - Learner vs. judger approach
  - Genuine feedback
    - Objective
    - Constructive
    - Provides direction for future practice
- Honesty
  - Able to address strengths and areas for future focus
- Relationship with individual
Roles and Supports

🌟 Clearly defining leaders’ support roles in staff development is important.

🌟 Further work to be done to clearly articulate each leader’s role, to clarify nurses’ expectations in supporting learning.
Peer Validator support

- Standard work
  - Interview guide
- Support to support learners
  - ‘Feedback for learning’
  - Preceptor internship
  - Coach approach
  - Leadership education
- Connection with clinical leaders and educators
Role of Staff Nurse

- To drive the process to achieve own pathway progression.
- Clear on expectations of peer validator and leaders.
- Responsible for initiating validation:
  - Keep validation tools.
  - Record keeping to show progress to nurse leaders and check in if not progressing.
CRN Role

- Project led by CRN
  - Support and follow-up
  - Provides support to guide through process
  - Tracks individuals and skills validated;
- Individual feedback provided to CNC for performance management
- Education gaps put forward to educator for ongoing education planning
Challenges

- Confidentiality
- Time to complete validation
  - In unit during shift
  - Demonstration
    - Set up
    - Skill demonstration
- Managing time for validation
  - Busy unit
  - Changing acuity and realigning priorities
Peer to Peer Competency opportunities

- Peer to peer validation model used on Alaris infusion pump
  - Model not fully implemented given time crunch
  - Less than 10% of validation completed by peers
  - Over 90% of the validation completed by CRNs

- Reflection on practice
  - Culture change required re: who can observe practice
  - Shift role from CRN → Peer
  - Expectations not clear (rules for some but not all)

- Future opportunity
  - Purple and blue skills
  - Formal Validation by preceptor/peer (in the unit.)
Lessons Learned

- Successful outcome requires revision of process before rollout
- CRNs will refine process and establish culture shift
  - Clear process
  - Clear expectations
  - Shift → routine practice
Research supports

- Nurses experiencing peer to peer validation found that:
  - Process was quick.
  - Benefited from the reinforcement that they were doing the skill correctly.
  - Viewed validators as mentors
  - Added to the ‘team feeling’.

(Bradley, Huseman, 2003)
Challenges to overcome

- Nurses being validated found that:
  - Being observed by the validator with the patient and or family present uncomfortable
  - Inconvenient being validated on busy day
  - Some felt stiff and unnatural (Bradley, Huseman, 2003)

Confidentiality was a concern (Ringerman, Flint, Hughes, 2006)
PICU Current Status

- Formal roll out not yet completed → opportunities to refine process & address barriers and challenges

- Evaluation points to be determined with ongoing adaptation of process as necessary
Overcoming Challenges...

- Addressing staff hesitation towards validation
- Allotting time each day for validation of a skill
- Confidentiality
- Validator insecurity
- Shifting mindset to include peer validation into routine patient care
- Challenging colleagues
- Initial engagement will be with preceptor and cardiac mentor roles as those relationships already established with staff
  - Confidence and competence d/t advance skill level and experience with learners
The Way Forward

- Creating a unit culture where bedside peer validation is the norm
- Validation scheduled into the regular workday
- Standard work in the PICU to ensure ongoing competence and professional development of all staff
Evaluation plans

- Regular evaluation points
- Revisions along the way
- Performance excellence is on the horizon!!
Contact Information

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Questions