

Claire Dobbins, MS, RN & Arlene Ryndak, MPH, RN



A Plan Do Check Act (PDCA) process was started to help determine the best way to reach the overall goal of 100% of PHNs competency in childhood immunization.

Project Team: Diane Ferriss, Arlene Ryndak, Claire Dobbins, Annette Julien, Cheryl Kane, Jeanette Zawacki, Judy Zwart, Kathy Swedberg, Nancy Murphy, Rita Bednarz, Carol Moshier, Cindy Fosen, Kristy Brown, Teresa Reyna, Mary Schleicher and Elena Lopez

## P: PLAN BACKGROUND

The Kane County Health Department (KCHD) public health nursing section was reorganized in November 2010. The initial assessment of public health nurse (PHN) competency at that time revealed a gap in knowledge relating to childhood immunization.

The aim of this intervention was to help public health nurses fill this knowledge gap and move PHN workforce towards increased clinical competency.

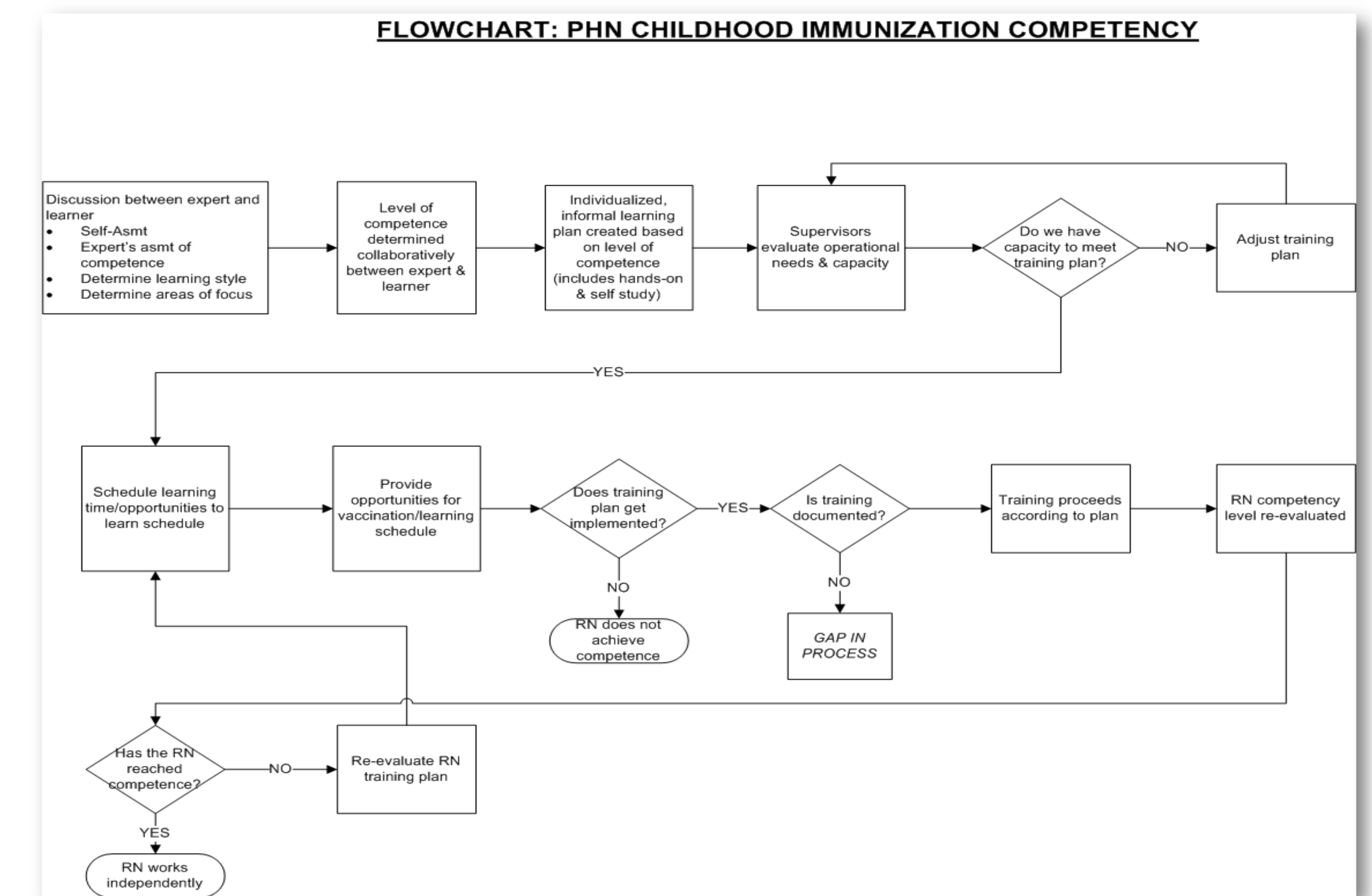
### AIM

**The AIM statement was: By 7/1/11 the rate of KCHD's PHNs that will have reached competency as described in the "Benner Stages of Clinical Competence" will increase from baseline (25%) to 100%.**

### TEAM

A team consisting of 11 PHNs (two of whom are experts), two managers, and one support staff was established. Benner's novice to expert skill acquisition model was chosen to develop and assess skill development.

## TOOL



## D: DO

Initially, expert nurses reviewed PHN performance using a one on one model. In between clients, the PHN spent time on self study. After 9 months, only 25% of PHN workforce was competent. It was collectively decided that a point of distribution (POD) model would be implemented.

After 2 months of using the POD model, adjustments were made as to what skills the PHN would perform during clinic. After 3 months, each PHN performed a self assessment and discussed their progress and further training needs with the expert and clinical supervisor.

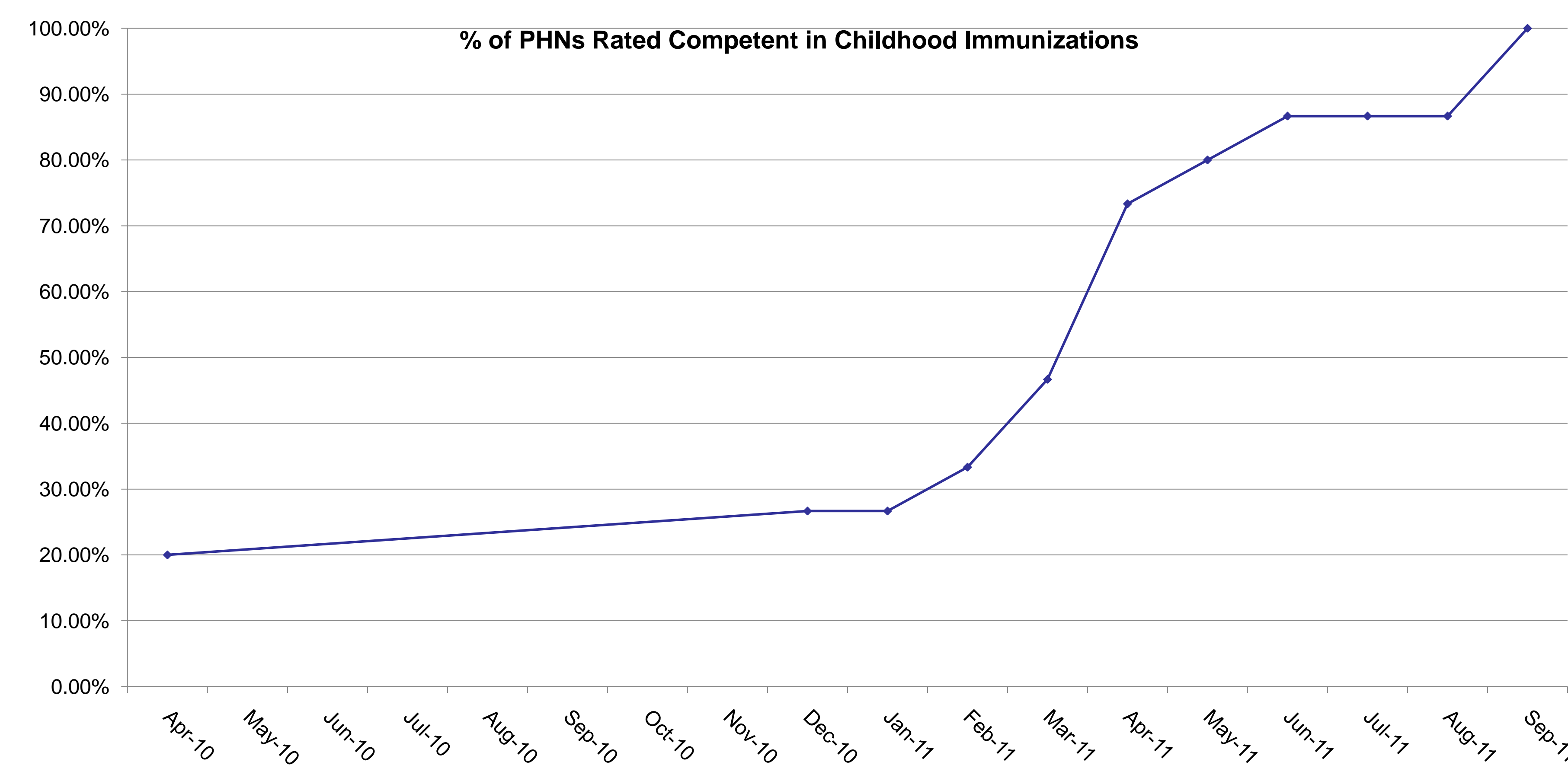
As PHNs reached competency they only attended clinics if they felt they needed to, in order to give more opportunity to those who had not reached competency.

### LEARNING THEORIES

Learning would be enriched and PHNs would become competent at a faster rate by:

- ❖ Creating a group of people who are at different competency stages to learn from each other.
- ❖ Creating time to contemplate the rationale behind immunization decisions and individual nursing judgments.
- ❖ Creating time for self assessments and reassessment of PHN skill level so that training plans can be adjusted.
- ❖ Creating more opportunities to experience immunization clinics inside and outside of KCHD.

## C: CHECK



After 6 months using the POD model, 85% of the PHN workforce (including experts) were competent in immunizations. This was a 60% increase from the previous one on one model that was used. **After 8 months of using the POD model, 100% of the PHN workforce was competent in immunizations.**

## A: ACT

Benner's stages of clinical competency and the POD model were effective tools to assist PHNs in gaining competency. However, the AIM Statement of 100% competency was not met, as it was determined that two nurses needed more individualized training and support. These nurses were allotted 2 hours each work day to concentrate on learning the childhood immunization schedule and were deemed competent after an additional 2 months.

- ❖ The POD model provided structure and support to nurses learning a new skill.
- ❖ The POD model provided a sense of camaraderie amongst nurses.
- ❖ The PDCA model provided the vision needed to reach a goal that initially seemed overwhelming.

Looking forward, each nurse will self-regulate their maintenance of competency by:

- ❖ Participating in clinics at least every 2 months.
- ❖ Learning of clinical updates and participating in case studies at the monthly division meetings.
- ❖ Staying current on CDC recommendations and changes.