



The Ultimate Charge Nurse: Teaching Delegation Using a Critical Thinking Approach

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Objective:

Utilize or adapt teaching tools for delegation, supervision, and team leadership to your organization.

Overview:

- 1) Organizational Assessment: What are your charge RNs doing?
- 2) Reviewing Models of Care: What works?
- 3) Critical Thinking tools: experiential learning
- 4) Notes from the Field

Evidence Related to Delegation and Supervision Practice

Untoward Outcomes:

(Lack of initial instruction, ongoing checkpoints and feedback)

UAPs not receiving or following directions, or not adhering to established policy

- 13.9% related to right direction or communication:
- 12.4% due to lack of supervision

When outcomes were determined by routine observation more positive events occurred, when no direct supervision, negative events occurred.

Standing, Anthony, Herz 2001

Let whoever is in charge keep this simple question in her head (not, how can I always do the right thing myself, but) how can I provide for this right thing always to be done?

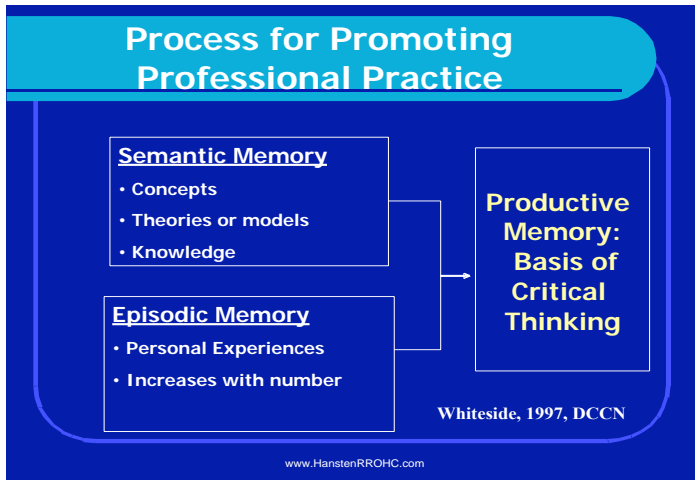
Florence Nightingale

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Rate Your Organization

Sequence	The Activity or Process	Essential Elements	Current practice 1 to 10 (best)
1. Assignments	Critical Thinking and Problem solving, matching correct staff member to correct pt. based on outcomes planned	RNs Delegate and Supervise particular personnel	
2. Plan for patient care with team members:	Make a Plan for the Day or Case or Assignment	Base the plan on patient/family outcomes Delegate appropriately Set up times for breaks, lunch, checkpoints, parameters, timelines for reporting	
3. As soon as possible after report	Introductory Rounds	Introduce self clearly with role Quick assessment ("eyeball")	
4. Either during initial rounds (if possible) OR early in shift	3-5 Minute Focused Interview (days/evenings)	Plan in partnership with family or patient, determine new priorities (#1 need or results patient/family want)	
5. After interview, any changes in priorities and plans or during checkpoints	Communicate updated plan and intended outcomes with team	Clear interdisciplinary plan Include members of nsg care team	
6. First checkpoints before and after breaks, lunches, close to end of shift	Checkpoints	Review progress and give more direction, feedback and receive feedback from team members	
7. Before end of shift, when obtaining last update	End of shift reciprocal feedback	Ask for input re: shift for future planning, Open-ended questions Evaluate how plan worked and celebrate patient results	
8. Based on feedback, plan assignments for next day/shift prior (close to end of shift)	Plan assignments and prepare report	Based on intended outcomes, Delegation principles	



What Works?

Three Elements of Relationship & Results Oriented Healthcare

1) Fundamental Relationship with Professionals and Patients/Families:

- ❖ "Knowing the Patient"
- ❖ Partnering with patient and family with all members of team
- ❖ Optimal introduction of staff member to patient/family, including roles of UAPs
- ❖ Focused listening connection techniques
- ❖ Outcomes or results focus (*purpose* and *picture*) for all involved with care

2) Critical Thinking and Problem Solving to get to preferred outcomes:

- ❖ Logical and analytical, creative and intuitive thinking and emotional intelligence
- ❖ Use of Problem Solving techniques (six step method)

3) Transdisciplinary Teamwork:

- ❖ The 4 Ps (purpose, picture, plan, part) must be clear for each shift, case
- ❖ ALL members of the team share the same plan
- ❖ Reports, checkpoints, timelines are used to continually evaluate progress through the shift/case.
- ❖ Leadership and coordination by RN
- ❖ Communication and conflict resolution techniques
- ❖ Giving feedback appropriately





definitions

CRITICAL THINKING

"The ability to solve problems by making sense of information using creative, intuitive, logical, and analytical mental processes...and the process is continual. (Snyder, 1993) "Thinking about your thinking while you are thinking to improve your thinking" (Richard Paul)

CLINICAL JUDGMENT

"A series of decisions made by the nurse, in interaction with the client regarding

- a) the type of observations made in the clinical situation.
 - b) the evaluation of the data observed and the derivation of meaning (diagnosis)
 - c) nursing actions that can be taken with or on behalf of the client."
- (Tanner, (1987) Boychuk Duscher, 1999)

EMOTIONAL INTELLIGENCE

"The way people handle themselves and their relationships"

4 Domains and associated competencies:

Personal Competence: Self-awareness; emotional self-awareness, accurate self-assessment, self-confidence

Self-Management: emotional self-control, transparency, adaptability, achievement, initiative, optimism

Social Competence: Social Awareness; empathy, organizational awareness, service

Relationship Management: inspirational leadership, influence, developing others, change catalyst, conflict management, teamwork and collaboration

(Goleman)

Shoshin = The Beginner's Mind (Empty Slate)...and Listening Heart

Delegation is "transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains the accountability for the delegation." NCSBN, 1995, 2005.

Supervision "the provision of guidance and direction, oversight, evaluation and follow up by the licensed nurse for accomplishment of a nursing task delegated to nursing assistive personnel." (NCSBN, 1995)

Assignment "describes the distribution of work that each staff member is to accomplish on a given shift or work period." (NCSBN 2005, Appendix. 193).

ACCOUNTABILITY

"being answerable for what one has done, and standing behind that decision or action" (Hansten and Washburn, 1994)

"The delegatee is accountable for **accepting** the delegation, and for his/her **own actions** in carrying out the task." (NCSBN, 1995)

Five RIGHTS of Collaborative Teamwork



1. RIGHT CIRCUMSTANCES:

- ✓ Based on setting
- ✓ Patient Situation
- ✓ Degree of supervision
- ✓ Predictability of results

2. RIGHT TASK :

- ✓ based on desired outcome
- ✓ within the scope of practice
- ✓ according to job description

What task is the correct task to perform for this patient, based on outcomes planned in partnership with the patient?



Assess competency by:

- ✓ certification/licensure
- ✓ job description
- ✓ skill checklist
- ✓ demonstrated skill



3. RIGHT PERSON:

4. RIGHT COMMUNICATION/DIRECTION:

The Four Cs of Initial Direction

Clear- Concise- Correct- Complete

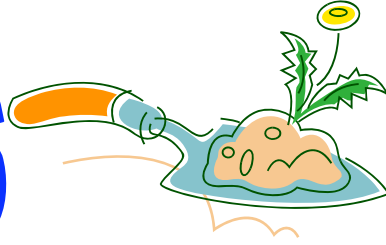
*How can I best communicate the **purpose, picture, plan and part** for each patient's desired short and long term outcomes?*

5. RIGHT SUPERVISION and FEEDBACK:

*Giving and receiving feedback, while supporting each team member's accountability, can improve performance by up to 60% if goals are also clear.
(NCSBN and Hansten and Jackson)*



Tools



- Self Assessment
- The 5 Rights
- Care Delivery Model Step by Step
- Experiential application of concepts; RROHC program (www.RROHC.com)
- Assignment Game
- Books
- Concept Media and NCSBN
- Coaching

Test Yourself: True or False?

T or F 1. Once I delegate a task to a member of the team, I am no longer accountable for what happens.

T or F 2. My state nurse practice act specifically allows me to delegate nursing care activities.

T or F 3. My nurse practice act specifies that I must know the competencies and abilities of the person to whom I delegate.

T or F 4. My state nurse practice act states I may be in violation of the standards of conduct if I delegate tasks to those I have reason to know lack the ability to perform the task.

T or F 5. If I fail to supervise those to whom nursing activities have been delegated, it could mean I could lose my license.

T or F 6. If a delegate makes a mistake performing a task I have delegated, it could mean I could lose my license.

T or F 7. Employer policies relieve me of my responsibility for making judgments about the delegation of nursing care activities.

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