



# Order from Chaos: The “Rose Model” Skills Day 2.0

Keshia Blakeney, MSN, RN-BC; Brandy Rose Coles, MSN/Ed, RN



*sentara nurse*



## Introduction

Sentara Norfolk General Hospital (SNGH) is a 543 bed tertiary care facility where shared governance is woven throughout nursing practice and continuing education. Annual feedback from SNGH nurses has strongly influenced how clinical competencies are validated at quarterly skills day events. In 2012, a resounding call for change was heard as 1,400 nurses expressed that the current skills day format was too noisy, too crowded, and unorganized. They described it as pure chaos!

Staff development educators (SDEs) accepted the challenge to change the format. Based on the innovative suggestions of Brandy Rose, SDE, the 2013 and subsequent skills day offerings would take on a new design which was called the “Rose Model.”

## Background

Workforce retention and recruitment are tied to nurses having both positive learning and rewarding work experiences. Numminen, Meretoja, Isoaho, & Leino-Kilpi (2013) agree that job satisfaction is related to nurses being empowered to influence their work environment and professional development. Furthermore, studies show that a motivated and competent work force is also linked to high quality nursing care and increased customer satisfaction. Healthcare organizations like SNGH are expected to continually assess, monitor, maintain, and improve the clinical competencies of nurses to help achieve optimal patient outcomes.

According to Schub (2014), the goals of a skills day event are to:

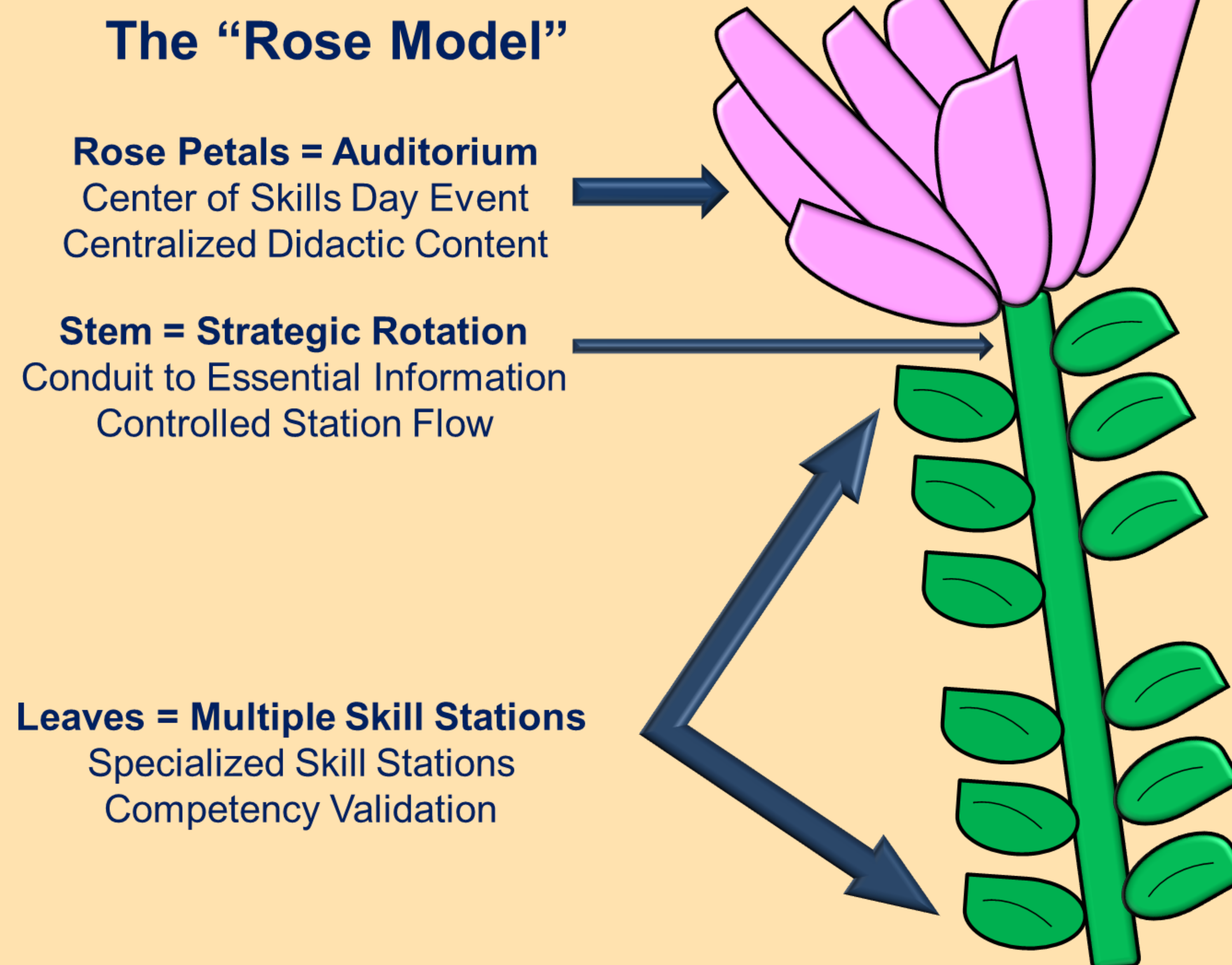
- ❖ Develop content that addresses areas of weakness
- ❖ Strengthen a nurse’s knowledge base
- ❖ Enhance clinical task performance

The National Council of State Boards of Nursing (NCSBN) asserts that healthcare organizations also have a legal obligation to protect the health, safety, and welfare of the public by ensuring continued competency of licensed nurses. The validation of continued competency are shared responsibilities of employees and employers, and can be accomplished at annual skills fairs (Decker, Utterback, Thomas, Mitchell, & Sportsman, 2011).

## Objectives

- ❖ Restructure the instructional design of the mandatory critical care/intermediate care/ medical-surgical skills day event.
- ❖ Restructure the delivery format of the mandatory critical care/intermediate care/ medical-surgical skills day event.
- ❖ Improve nurse and instructor satisfaction as evidenced by evaluation feedback.

## Project Description



## Target Audience

- ❖ Registered Nurses
  - ❖ 875
- ❖ Nursing Care Partners
  - ❖ 125
- ❖ Assigned to small groups by job title/specialty

## Quarterly Scheduling

- ❖ Mandatory attendance annually
- ❖ 4-hour A.M. & P.M. sessions
- ❖ Set start time
- ❖ Assigned by birth month

## Computer Registration

- ❖ Participants pre-register in Learning Management System (LMS) based upon birthday month
- ❖ Limited number of registrants per session

## Instructional Design

- ❖ Delivery of didactic content by SDEs in central location
- ❖ Participants assigned to small groups to rotate through multiple skill stations
- ❖ Skill station rotations specific to job title and clinical specialty
- ❖ Competency validations recorded on skill station checklist

2013 SKILL DAY STATIONS	OBJECTIVES: The Learner will	INSTRUCTOR SIGNATURE
1. Foley Bundle & Checklist	Demonstrate how to care for a patient with a Foley catheter using checklist and bundle.	
2. Point of Care Testing	Demonstrate how to perform point of care testing procedures.	
3. Device related Pressure Ulcers	Demonstrate how to prevent device-related pressure ulcers.	
4. Regulated Medical Waste	Demonstrate proper disposal of regulated medical waste in the appropriate containers.	
5. Restraints	Demonstrate how to tie/release a slip knot.	
6. VersaCare Bed	Demonstrate basic bed operation.	
7. EKG Cart	Demonstrate process of obtaining an EKG.	
8. CVL Bundle	Describe how to manage a CVL using the CVL bundle.	
9. Alaris Infusion Pump	Demonstrate safe operation of the Alaris infusion pump.	
10. Alaris PCA Pump	Demonstrate safe operation of the Alaris PCA pump.	
11. Pharmaceutical Waste Management	Demonstrate proper disposal of pharmaceutical waste using color-coded containers	
12. Emergent Tracheostomy Care	Demonstrate how to manage a tracheostomy tube emergency.	
13. Teach-Back Method	Demonstrate teach back method for patient education.	
14. Insulin Pump Documentation	Demonstrate nursing documentation of insulin pump settings.	
15. Transfusion Services	Describe how to document a transfusion reaction.	
16. C-Pap & Bi-Pap	Demonstrate how to use C-Pap / Bi-Pap devices.	
17. Code Cart Review	Identify location of code cart contents and use of equipment.	

## The Rose Model Eliminated Noisiness

- ❖ Small room size amplified noise volume
- ❖ Noisiness uncondusive to learning
- ❖ Participants unable to hear skill station content

## Overcrowding

- ❖ Inadequate space for high volume of participants
- ❖ Impeded flow from one skill station to next
- ❖ Overcapacity compromised fire safety code

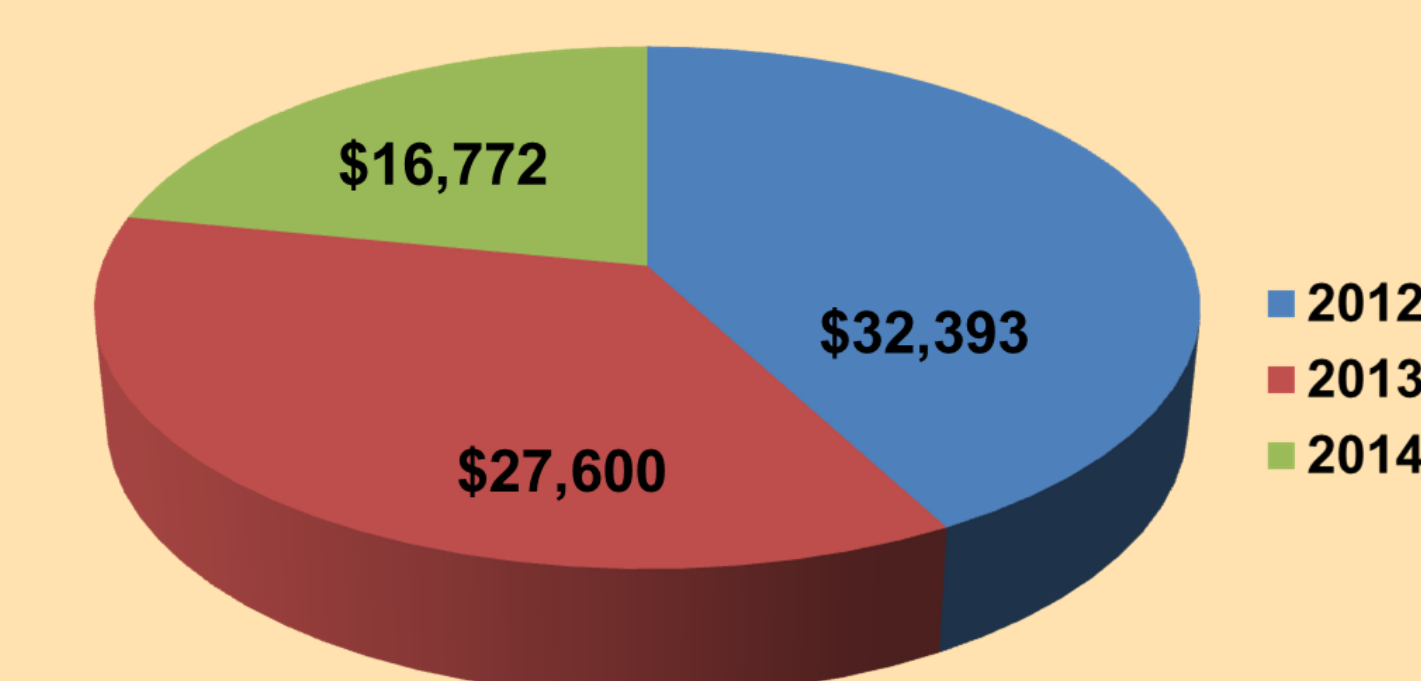
## Disorganization

- ❖ Chaotic, haphazard flow between skill stations
- ❖ Unrestricted participant attendance
- ❖ Rolling arrival times by participants
- ❖ Exhausting repetitiveness of content

## Impact

- ❖ Improved participant satisfaction
- ❖ Increased presenter satisfaction
- ❖ Improved teaching methodology
- ❖ Enhanced learning environment
- ❖ Safer learning environment
- ❖ Increased cost savings

Annual Skills Day Teaching Costs



## Conclusion

This skills day is much more organized and better than previous skills day events! Thank you for improving it!  
Anne, RN



## Future Directions

- ❖ Incorporate audience response technology in didactic content
- ❖ Include clinical initiatives in skills day stations
- ❖ Invite frontline nurses and ancillary staff to help plan future skills day events

## Evaluation Strategy

- ❖ Participants record start and finish time
- ❖ Complete paper evaluation form

## References

Decker, S., Utterback, V., Thomas, M., Mitchell, M., & Sportsman, S. (2011). Assessing continued competency through simulation: A call for stringent action. *Nursing Education Perspectives*, 32(2), 120-125.

Numminen, O., Meretoja, R., Isoaho, H., & Leino-Kilpi, H. (2013). Professional competence of practicing nurses. *Journal of Clinical Nursing*, 22, 1411-1423.

Schub, E. (2014, April). *Clinical Competencies: Assessing*.

**Acknowledgements**  
Ashley Adler, BSN, RN  
LaWanda Wood, BSN, RN  
Jolene Dorrell, BSN, RN, PCCN  
Susan Kaplan PhD, RN, CCRP  
Joyce Bowen, Education Specialist  
Denise Smith, BSPsy, Education Specialist