Implementing Birthplace Professional Development Competency: An Innovative Program

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Abstract

How do you continue to evaluate nursing competency in the wake of a pandemic? How do you ensure ongoing patient safety, promote professional development, and meet regulatory requirements when social distancing makes previous competency day modes impossible?

An 11 hospital system employing over 700 Birthplace RNs had inconsistent processes for determining ongoing competency. In 2020, the Clinical Education Specialists supporting the Birthplace units at M Health Fairview developed an innovative hybrid program to assess the competency of nurses who support the obstetric and newborn population.

Methods

Up to six professional development lessons were assigned. All Birthplace nurses completed a minimum of three lessons (postpartum hemorrhage, PPH, hypertension disorders in pregnancy, HTN, and newborn emergency). Nurses who also cared for laboring patients completed a fetal monitoring lesson and nurses who provided perioperative care completed a perioperative and ECG lesson. Lessons were assigned in the fall of 2020 using the organization’s learning management system. Because of Covid safety recommendations, all competencies were completed through the organization’s learning management system.

To adjunct the on-line competency lessons, optional simulations for PPH, HTN, newborn emergency and abdominal prep were developed to engage staff in active learning and skill validation.

Results

In the fall of 2020 over 700 nurses from nine different delivering sites completed over 3000 lessons validating knowledge competency utilizing the learning management system. By the end of 2020, 3356 out of 3376 lessons were completed for a completion rate of 99.9%, a failure rate of 0.5% and a not completed rate of 0.5%. With completion of the PPH and HTN lessons, the organization successfully met Joint Commission’s requirement to provide education to all staff and providers about the hospital’s hemorrhage procedure and the hospital’s evidence-based severe hypertension/preeclampsia procedure. Evaluations indicate that 95.2% of respondents state that patient outcomes will improve and nursing practice changes will occur as a result of completing competencies.

Conclusion

The registered nurse is individually responsible and accountable for maintaining professional competence. Competence should be assessed using tools that capture objective and subjective data about the individual’s knowledge, skills, abilities and judgment. This program allowed for this assessment in a safe and effective platform to further patient safety and organizational requirements.