



COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

QA Program for Registrants

NCSBN, Institute of Regulatory Excellence (IRE)

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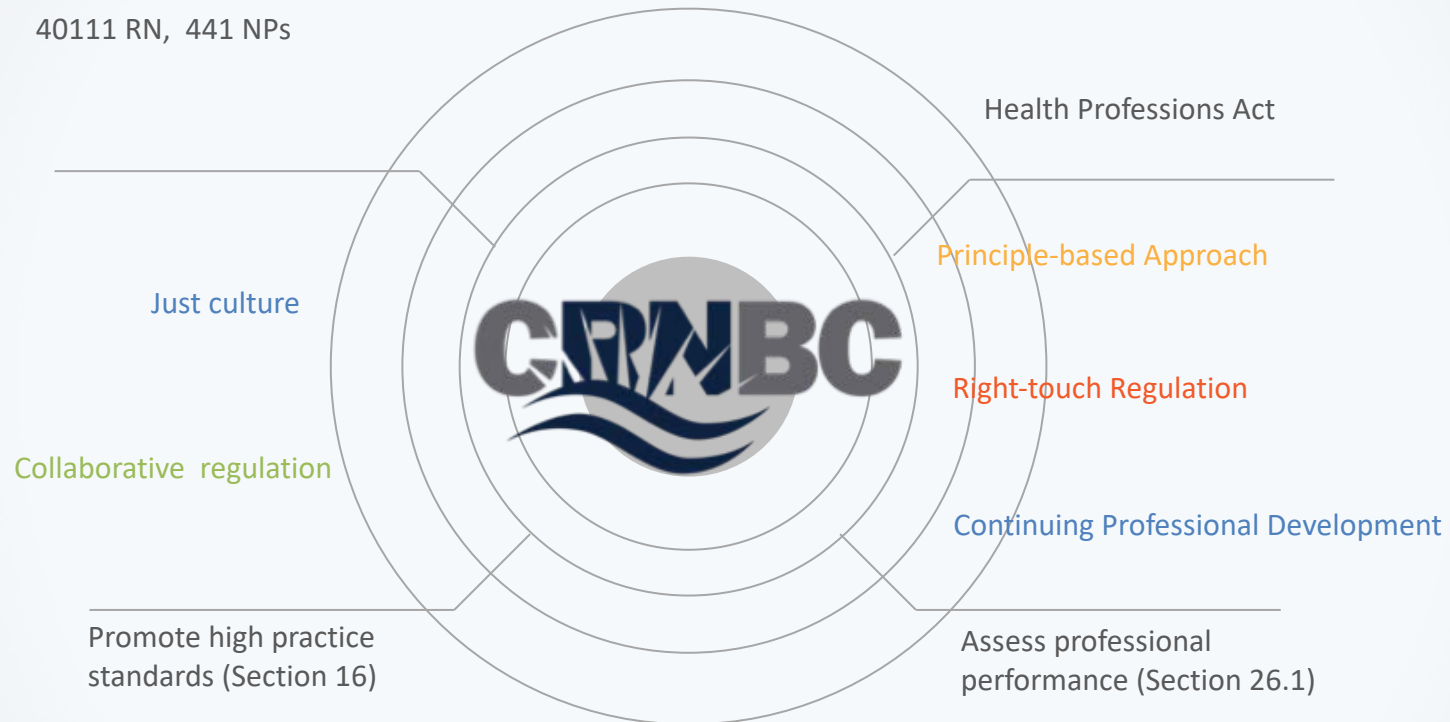
Overview

1. Achieving strategy
2. Connecting program components
3. Learning from research
4. Methods:
 - Foundational
 - NP QA
 - Multisource feedback
5. Facilitating change
6. Measuring outcomes
7. Progressing implementation

Who we are...

June 2017, 41080 registrants

40111 RN, 441 NPs



We believe it is possible to build genuine relationships with nurses and other stakeholders, while at the same time, regulate effectively in the public interest.

Achieving strategy

Strategic objectives

Public:

- Having confidence in how nurses are regulated
- Public expectation that **nurses maintain competence to practice**

Nurses:

- **Valuing and participating in quality assurance**
- **Meeting high practice standards**

CRNBC:

- Integrating regulatory philosophy into programs
- **Data demonstrating regulatory effectiveness**

Connecting program components

QA Program logic model 2017

Purpose and Intent

The QA Program oversees the requirements for RNs and NPs in British Columbia to demonstrate the maintenance and ongoing development of professional competence. The program uses multiple methods within a developmental model intended to support the life-long learning and achievement of high practice standards.

Program Development Principles

The principles guide our program model and are foundational to developing, implementing and evaluating QA Program policy, products and methods.

- Establish processes that align with Relational Regulation and inter-relate with CRNBC strategic priorities and programs.
- Use methods that align with the developmental intention of QA.
- Use evidence and interpret it in context to plan, inform, implement and evaluate our program's development.
- Build on the concepts of Safety II and Just Culture, highlighting how nurses meet their ongoing professional development requirements, and how this contributes to public safety.
- Clearly define, describe, and communicate the program components and requirements.
- Support and implement the additional security requirements for protecting the privacy and confidentiality of registrant QA data legislated under the HPA.
- Consult, collaborate and partner with stakeholders, recognizing that our work interconnects with the work of others.
- Promote and value engagement as an outcome and predictor of ongoing competence.

Activities

CRNBC

- Develop bylaws, policies and procedures
- Facilitate and support the QA Committee (statutory committee)
- Communicate with registrants regarding QA Program participation
- Monitor registrant participation in and analyze the outcomes of the QA Program
- Recruit and train QA Assessors
- Provide technical and administrative supports
- Provide feedback, coaching and recommendations
- Develop resources for registrants



Foundational Activities (Completed annually by all registrants)

- Complete self-assessment
- Obtain peer feedback
- Develop and implement a learning plan
- Evaluate the impact of learning on practice
- Report practice hours



NPQA

- Complete a critical review of client documentation (annually)
- Complete a minimum of 3 professional development activities from 6 categories of options (annually)
- Onsite review with peer assessor (at 2 years of practice/QA Committee discretion)
- Prescription review

Multisource Feedback

- Formalized feedback from 3 or more colleagues (RN and Non-RN)
- Focus on Professional Standards and observable professional behaviours
- Goal development and evaluation
- RNs: at 2 years of practice and every 5 years after
- NPs: every 5 years post-Onsite review

Program Outputs

- Internal and external policies, procedures and guidelines
- Reports and data about registrant participation and program outcomes
- My Professional Plan web app
- Registrant coaching and support
- Onsite review/MSF feedback letters and reports
- QA Committee letters and recommendations
- Registrant submissions to QA Committee

Outcomes

Immediate

- Registrants and stakeholders are informed about the QA program
- Registrants actively participate in QA program activities
- Registrants access available resources and supports
- Registrants have increased awareness of their strengths and opportunities for growth
- CRNBC utilizes aggregate program data to inform resource development, make program improvements and report to stakeholders

Intermediate

- Registrants are engaged and supported in continuous professional development
- The program enhances the ability of registrants to achieve high practice standards and meet public expectations for continued competence

Long-Term

- Registrants view QA Program activities as an integral component of professionalism
- The program influences registrant delivery of safe, competent, ethical care

Purpose & principles

- Promote high practice standards, continuous professional development and lifelong learning
- Engage registrants in quality assurance
- Use best available research
- Employ user friendly, time efficient, robust methods
- Apply consistent, transparent, fair policy & process

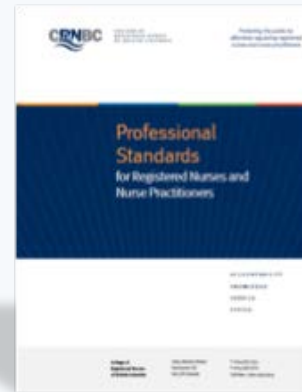
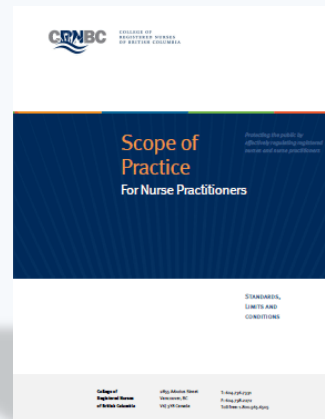
Legislation, bylaws and policy

- Public interest
- Enhanced confidentiality
- Board approved criteria
- QA Committee oversight
- Assessors
- Professional performance assessments
- Recommendations and follow-up
- Coaching and resources



Board approved criteria

- Standards of Practice
- Competencies
- Best practices of the profession



Learning from research

Quality assurance methods should be proportionate to the risk presented by an activity in order to mitigate the risk.

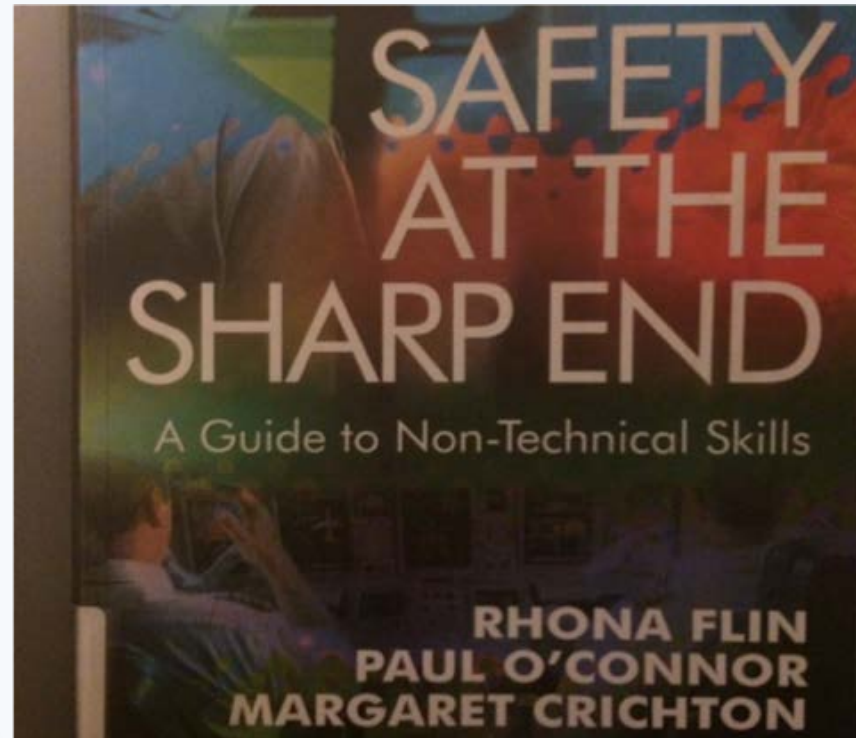
Professional Standards Authority, 2012

“A good assessment programme will incorporate several competency elements and multiple sources of information to evaluate those competencies on multiple occasions using credible standards.”

Van der Vleuten & Schuwirth page 315, 2005

A professional's non-technical and soft skills are predictors of competence.

Flin, O'Connor & Crichton, 2013



“Competence is a constantly evolving set of multiple, interconnected behaviors enacted in time and space.”

Lorelei Lingard, 2012

“When health professionals like what they do, connect with peers, can contribute to meaningful change and keep the patient at the forefront they are more engaged and likely demonstrate higher levels of competence.”

Zubin Austin 2003

Feedback from a trusted and respected peer positively influences whether the feedback is seriously considered and acted on by the professional.

Kevin Eva & Glenn Regehr, 2011

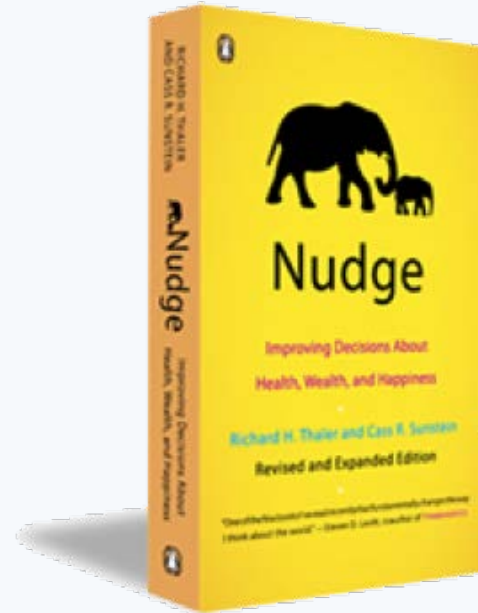


Switch the focus from what goes wrong to what is going right, the “ability to succeed in varying conditions”

Eric Hollnagel, 2014



Market & design to influence



“If you want to encourage—nudge if you will—someone to do something, make it easy.”

Richard H. Thaler, *Nudge: Improving Decisions About Health, Wealth, and Happiness*

Improving activities

Foundational annual activities

- Complete self-assessment
- Obtain peer feedback
- Develop and implement a learning plan
- Evaluate the impact of learning on practice
- Report practice hours



Nurse Practitioner Quality Assurance (NPQA)

- Annually,
 - critical review of client documentation
 - three professional development activities
- At 2 years of practice or QA Committee discretion, **onsite review** with peer assessor
- Prescription review

NPQA onsite review



NP onsite peer review



Prescription review

CRNBC focus *“monitored drugs, those drugs that have previously been associated with or have the potential for misuse and abuse, or that have addictive properties”*



Key elements for a prescription monitoring program, Federal, provincial & territorial prescription monitoring network, p.2, January 2016

Multisource feedback

- Formalized feedback from 3 or more colleagues (RN and Non-RN)
- Focus on CRNBC Professional Standards and observable professional behaviours
- Goal development and evaluation
- RNs: at 2 years of practice and every 5 years after
- NPs: every 5 years post-initial onsite review



Multisource feedback

- Robust proven method to assess continuing competence
- 2011/12 initial pilot testing
- June 2012 Board approved
- Updated literature review (2014/15, ongoing)
- Over last 3 years dynamic program improvement



What is MSF video

MSF questionnaires ... observable behaviors

- 2010, concept mapping
- 2011/12, psychometrics & pilot testing
- 2013/14, literature review
- 2015, staff focus groups, questionnaire revision, registrant survey
- 2015/16,
 - Assessment of Professional Behaviors Survey Instrument (APBI)
 - CRNBC Professional Standards
 - psychometrics & piloting



Multisource feedback questionnaires




Multisource feedback questionnaire

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= Relevant Professional Standard Indicators

1. Takes responsibility for own nursing actions. 

1.1 I accountable and takes responsibility for own nursing actions and professional conduct
4.3 Demonstrates honesty and integrity.



Optional: examples or comments for your colleague that reflect this professional behaviour

2. Acknowledges the limits of own knowledge or ability. 

1.1 I accountable and takes responsibility for own nursing actions and professional conduct
4.3 Demonstrates honesty and integrity.




My professional plan.... flexible access



My professional plan...follow easy steps







My Professional Plan

All my Quality Assurance activities in one convenient place




Step 2. Multisource feedback

You can now begin to [invite your colleagues](#) to give feedback on your practice.

 About	 Self-assessment	 Multisource feedback
 Reports	 Action plans	 Wrap up

Select my colleagues

 **Invite**

Invite your colleagues one at a time by completing each field below. Press “send invitation” to send an email invite. Repeat these steps for each invitation.

Invitations sent: 4

Enter email

I have permission from the above named reviewer to send this invitation.

Invitations sent

Charlie Brown cbrown@peanuts.com	invalid address	<input type="button" value="Delete"/>
Montgomery Scott mscott@unitedfederation.com	you are unknown to recipient	<input type="button" value="Delete"/>
Snoopy White beagle@peanuts.com	Sent 02/23/2017	<input type="button" value="Delete"/>
Linus Schultz lschultz@peanuts.com	Sent 02/23/2017	<input type="button" value="Delete"/>
Lucy Brown lbrown@peanuts.com	Sent 02/16/2017	<input type="button" value="Delete"/>
Peppermint Patty ppatty@peanuts.com	Sent 02/16/2017	<input type="button" value="Delete"/>

Find my reports

My professional plan

All my Quality Assurance activities in one convenient place

[Home](#) [About](#) [Self-assessment](#) [Multisource feedback](#) [Reports](#) [Action plans](#) [Wrap up](#)

Reports

Here you can view reports generated from your self-assessment and multisource feedback.

Reports

Report year	Questionnaire type	
2017 report not available	Clinical practice	Export to pdf
2016	Clinical practice: Multi-source	Export to pdf
2015	Non-clinical practice: Self-assessment	Export to pdf

Compare myself with my colleagues' feedback

2017 feedback report detail Go to summary >

Theme detail What are themes?


Themes are broad categories of professional behaviour that are used to group responses and can help identify professional development opportunities.

Responsibility & Accountability Maintaining standards of nursing practice and professional conduct. See how I rated >	Communication Verbal, non-verbal and written communication with colleagues, clients and others. See how I rated >
Collaboration Working with other members of the health care team to plan, implement and evaluate client care. See how I rated >	Professionalism Understanding, upholding and promoting ethical standards and professional conduct. See how I rated >


Responsibility & Accountability back to top ^

Average

How I rated myself



How my peers rated me



Resources to consider

- [Clinical Decision Making](#)
Web learning module
- [Understanding Scope of Practice](#)
Web learning module
- [Communications in Practice](#)
Web learning mini module
- [Case studies](#)

Reflective questions...

- How do I show accountability for my decisions and actions?
- What do I know about regulation and scope of practice?
- How do I assess my practice, identify and meet my learning needs?

Questions

	Rarely	Sometimes	Often	Usually	Regularly
1. I take responsibility for own nursing actions	<input type="checkbox"/> Rarely				<input checked="" type="checkbox"/> Regularly
2. I am aware of how					

[my comments](#) [peer comments](#)

Use my feedback & start my action plan

My professional plan

All my Quality Assurance activities in one convenient place

Home
About
Self-assessment
Multisource feedback
Reports
Action plans
Wrap up

[My plans](#) / 2017 plan

My 2017 plan

Summary

ACTIONS 9

ACTIONS IN PROGRESS 6

ACTIONS COMPLETE 3

Sort by status

Action item	Theme	Status	Target date	Task
Search database for relevant articles on pain management techniques >	Responsibility & Accountability	▶ In progress	None	Edit Evaluate
Talk to experienced nursing colleague on surgical unit. >	Communications	▶ In progress	June 30, 2016	Edit Evaluate
Action item >	Responsibility & Accountability	▶ In progress	August 7, 2016	Edit Evaluate
Action item >	Responsibility & Accountability	▶ In progress	July 7, 2016	Edit Evaluate
Action item >	Communications	▶ In progress	None	Edit Evaluate

Wrap up my action plan

The screenshot shows the CRNBC website interface for the 'My Professional Plan'. At the top, the CRNBC logo and 'COLLEGE OF REGISTERED NURSES OF BRITISH COLUMBIA' are visible, along with a user greeting 'Welcome, Charlie Brown (999999) | Sign out' and a 'Help' icon. The main navigation bar includes 'About', 'Self-assessment', 'Multisource feedback', 'Reports', 'Action plans', and 'Wrap up'. The 'Wrap up' tab is highlighted.

Wrapping up your Action plan

By completing your quality assurance activities, you're demonstrating your commitment to **continuous professional development and high practice standards**.

When you're ready to wrap up your plan, you can:

- transfer any incomplete actions to next year's plan
- see a summary of your accomplishments
- close your plan for the year

When should I wrap up my plan?
You can wrap up your plan near the end of the calendar year after you've completed and evaluated at least **two** action items.

Please note: After you close your plan you can't edit it anymore. It will be available in a read-only format.

[Wrap up my plan](#)

Contact Us
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PHONE: 604.736.7331 ext. 290
TOLL-FREE: 1.800.565.6505 ext. 290

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Facilitating change

Facilitating change

“Data does not equal feedback. Feedback is a dynamic and negotiated process in the context of a safe and supportive relationship.”

Glenn Regehr, May 10, 2016

“Give me coaching and support when I need it”

2016 CRNBC registrant/user research

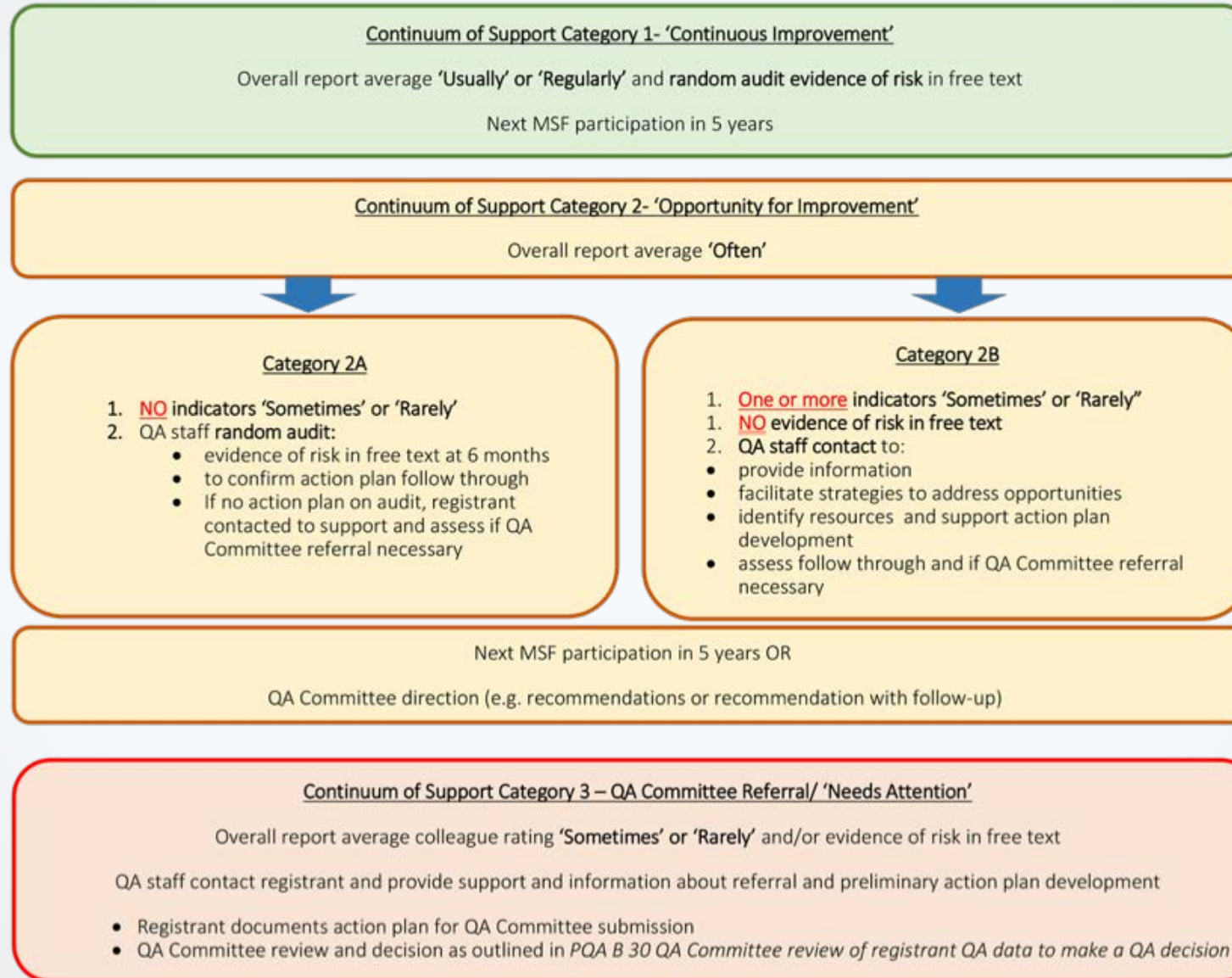


QA Program Continuum of Support

Multisource feedback report analysis for

- overall report average
- indicators “sometimes” and/or “rarely”
- risk

QA Program Continuum of Support




Facilitated Feedback: the R2C2 Model



Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, et al Facilitated reflective performance feedback: Developing an evidence and theory-based model, Academic Medicine 2015;90(12): 1698-706.

Coaching competency framework

- Positive perspective
- Adult teaching and learning 
- Communication and interpersonal skills
- Feedback provision



Measuring outcomes: how does our data add to the system picture and what is the predictive capacity ?

QA Program logic model 2017: Outcomes

Outcomes



Immediate

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Long-Term

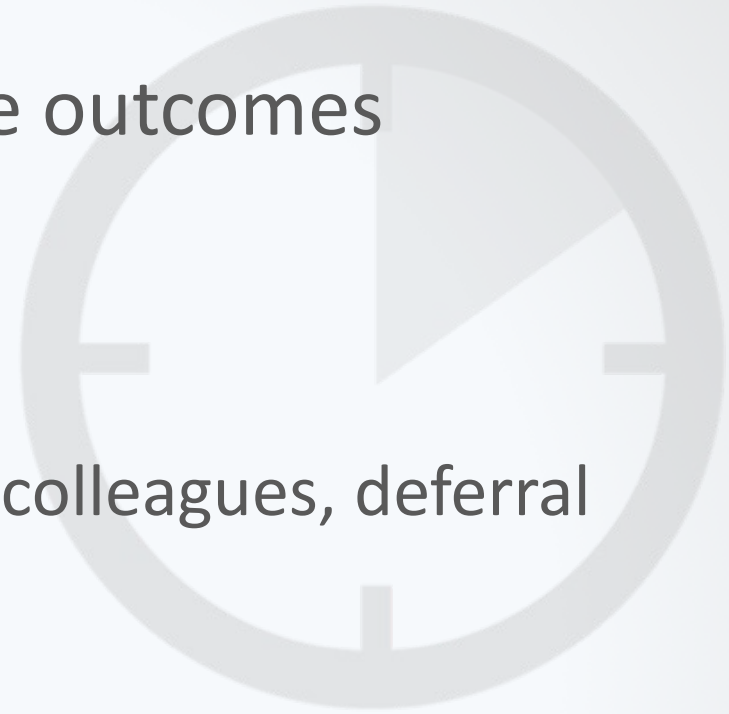
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- The program influences registrant delivery of safe, competent, ethical care

QA Program immediate outcomes

- Registrants and stakeholders are informed about the QA program
- Registrants
 - actively participate in QA program activities
 - access available resources and supports
 - increase awareness of their strengths and opportunities for growth
- CRNBC utilizes aggregate program data to inform resource development, make program improvements and report to stakeholders

Multisource feedback immediate outcomes

- Make it easy, accessible
- Guide me
- Flexibility in policy, e.g. number of colleagues, deferral
- Support and coaching
- Recognition of the good
- Keep my data secure



Multisource feedback immediate outcomes

2017

- 1,005 selected
- 576 completed
- NP 23, RN 553
- average of 6 colleagues
- 5,108 colleagues invited
- 3,830 colleagues provided feedback
- 81 deferrals

2016

- 300 volunteered
- 160 completed
- NP 3, RN 157
- average of 5 colleagues
- 1062 colleagues invited
- 804 colleagues provided feedback
- 29 deferrals

Multisource feedback immediate outcomes

Average distribution ratings: self-assessment

2017	N/A	Rarely 50%	Sometimes 55%	Often 65%	Usually 75%	Regularly 85%
Clinical	0.52%	0.05%	0.021%	1.64%	15.87%	81.71%
Non-clinical	0.68%	0.26%	1.01%	2.12%	12.26%	83.68%

Multisource feedback immediate outcomes

Average distribution ratings: Colleague

2017	Unable to rate	Rarely 50%	Sometimes 55%	Often 65%	Usually 75%	Regularly 85%
Clinical	2.53%	0.001%	0.16%	0.73%	7.22%	89.35%
Non-clinical	6.71%	0.00%	0.07%	0.66%	6.15%	86.41%

Multisource feedback immediate outcomes: operational

- Overall satisfaction with product and process
- Consistent information and policy application e.g. deferral
- Rapid response to issues
- Encouraging and knowledgeable staff
- Questionnaires:
 - clinical or non-clinical
 - No questions about indicators or scale
 - Illustrative examples from nurse and non-colleagues
- Process:
 - Link to renewal
 - 30 days sufficient for cycle

Multisource feedback immediate outcomes: continuum of support

- All category one, average of usually 75% or regularly 85
- Increased staff confidence in coaching
- Increased positive registrant connections
 - Building registrant rapport and QA knowledge
- Ongoing policy and procedure evaluation with each interaction

Multisource feedback immediate outcomes: qualitative

Soft skills:

- leadership
- critical thinking
- team work
- teaching and mentoring
- change agents

Actively seeking new knowledge

- online courses, grand rounds and journal clubs
- Researching literature and best practices
- refreshing skills
- graduate degrees



Intermediate and long-term outcomes

Public:

- Having confidence in how nurses are regulated
- Public expectation that **nurses maintain competence to practice**

Nurses:

- **Valuing and participating in quality assurance**
- **Meeting high practice standards**

CRNBC:

- Integrating regulatory philosophy into programs
- **Data demonstrating regulatory effectiveness**

Progressing implementation

- Maintain foundational activities
- NP QA
 - Registrant chart review
 - PharmaNet reports
- Multisource feedback
 - 2018 renewal cohort ~7000
 - 2017 evaluation
 - User focus groups
 - Mobile and other improvements
 - Continuum of support implementation and validation
- QA Program presentations: ICN (May) and INRC (October)

