



Charge Nurse Competencies

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Purpose

The role of the Charge Nurse is critical for both patient safety and staff satisfaction. They often have the clinical expertise, but they are missing valuable skills and knowledge to lead. Staff reported inconsistent decision making, favoritism, and communication breakdown with the team. Competencies were used to establish strengths and opportunities for growth for the Charge Nurses in the Family Birth Center.



Background

The unit lacked a consistent model for the role of the Charge Nurse. A need for competencies for all units was identified by the Director and Chief Nursing Officer of the Medical Center. In addition, a new staffing law required each unit to demonstrate the competency of specialty roles.

Methods

The staff identified the key characteristics of an effective Charge Nurse using a survey format. The results were used to build a preferred profile. The competencies were created using the ANA Scope and Standards for Nursing Practice, AACN Synergy Model, and the Charge Nurse Leader Program Builder. Benner's Model is used in the residency program in this health system, and it was also used to assess the competencies of each RN.

The competencies were presented to the Charge Nurses at a retreat in April 2018. Each Charge Nurse was evaluated by the manager at the annual performance review, and opportunities for improvement were identified.

Legacy Health
Charge Nurse Competency Validation Tool

Check the appropriate boxes to describe the employees' competency level with each item

Name (print) _____ Date _____
Signature _____

KEY to Competency Levels:
1. Novice: No experience. Requires frequent verbal and/or written cues to complete task with supervision.
2. Advanced Beginner: Comfortable performing with resources (preceptor, standard of care, etc.), may need assistance to set priorities.
3. Competent: Competent to perform independently & safely, logical and deliberate decision making, sets priorities, manages complex situations.
4. Proficient: Able to act as resource to others, efficient, can mentor others, modifies response based on previous experiences.
5. Expert: Flexible in performing skills, sees meaning within context, anticipates complications, assists others to mentor.

Verification Method: D-Demonstration, Verbal Discussion-V
N/A: Not applicable

Competency Level:	1	2	3	4	5	Method	Manager/ Educator Initials
A. Standards of Practice							
1. Gives Charge Nurse report with all relevant information.							
2. Demonstrates clinical competency and knowledge.							
3. Performs role-specific organization and unit-level tasks and duties as assigned by leadership.							
a. Huddles							
b. Productivity and staffing matrix							
c. Divert Process							
d. Emergency response- Code Blue, Code Amber, fire drills, etc.							
e. Charges							
B. Ethics							
1. Holds others accountable for providing safe patient care.							
C. Culturally Congruent Practice							
1. Demonstrates respect, equity, and empathy in actions and interactions with all patients, providers, and team members.							
D. Communication							
1. Communicates professionally both verbally and nonverbally in a timely manner to all members of the care team.							
2. Distributes information about practice changes and updates to team members regularly.							
3. Ensures that handover communication occurs whenever there is a change in frontline leaders or staff members.							
E. Collaboration							
1. Collaborates with team members to solve problems and prevent errors.							
2. Delegates tasks, duties, and responsibilities appropriately to licensed and unlicensed assistive personnel.							
3. Collaborates with team members, interprofessional partners, and others in providing family and patient-centered care.							

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Competency Level:	1	2	3	4	5	Method	Manager/ Educator Initials
F. Leadership							
1. Role model standards of care.							
2. Assists team members by coaching or precepting direct patient care as needed. Models the married state.							
3. Remains accessible and interacts appropriately with staff.							
4. Performs Leader Rounding with patients to ensure that needs are met and identify opportunities for improvement.							
5. Assists in monitoring and measuring staff performance, behaviors, and competencies for performance reviews.							
G. Education, Evidence-Based Practice, and Research							
1. Participates in continuing education activities.							
2. Stays current in evidence-based practice guidelines and clinical practice, organizational policies and procedures, and changes in regulatory requirements and standards.							
H. Quality of Practice							
1. Makes decisions that are safe and effective.							
2. Collaborates with clinical leaders on continuous quality improvements.							
3. Adheres to organizational and unit regulations, policies and procedures, standards, and regulatory requirements.							
4. Monitors and reports significant events such as near misses, adverse events, patient/family complaints, and any situation that affects the timely and safe delivery of patient-centered care.							
I. Professional Practice Evaluation							
1. Solicits team members' feedback about personal performance.							
2. Rounds on team members and identifies opportunities for improvement.							
J. Resource Utilization							
1. Assigns patient care to team members based on levels of experience, competency, and knowledge to enable optimal patient outcomes.							
2. Assists in ensuring that equipment is used carefully to avoid damage.							
3. Prioritizes work and resources to coordinate patient care delivery and manage flow efficiently.							
K. Environmental Health							
1. Maintains a safe environment; does not engage in or tolerate bullying, hostile behavior, or sexual violence by self, staff, other team members, patients, or family members.							

Print Name _____ Signature _____ Initials _____

Results

The Charge Nurses continue to work with the administrative leadership team to increase knowledge relating to communication, coworker feedback, and delegation. They completed a self evaluation of progress at 4 months.

The staff were surveyed about the effectiveness of the new role at 5 months. The survey included a request for overall feedback and the strengths and opportunities for improvement for each Charge Nurse. The results will be used to further refine the knowledge, skills, and abilities of the Charge Nurses.

Results are pending.

Discussion

Competencies were used to assess the each charge nurse and identify opportunities for improvement. In a self reflection exercise, the charge nurses reported increased confidence to manage complex issues and conflict. They reported improved communications skills and increased openness to coworker feedback. They continue to focus on communication and managing up others.

Conclusions

Competencies are used to assess skills, knowledge, and attitudes of staff. The Charge Nurse Competency allows for individualized development towards a common skill set. Building leadership skills will build trust with the frontline staff and empower charge nurses to make critical decisions.

References

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