



COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

Assisting Nurses with Practice Problems

*A resource for managers, administrators, clinical educators
and others who work with nurses with significant and
ongoing practice problems.*

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INTRODUCTION

Nurses in any role or setting may experience practice problems. These problems may affect the care clients receive. They can also create tension between colleagues and negatively affect morale, productivity and relationships. Managing these situations skilfully can be a challenge. This resource is designed to assist managers, administrators, clinical educators and other individuals working with nurses to effectively address and support nurses experiencing significant and ongoing practice problems.

Managers are responsible for effectively communicating job and behavioural expectations to staff and informing them in a timely, respectful manner if they are not meeting professional standards or job expectations. Non-nurse managers are encouraged to seek assistance with interpreting and applying the professional standards from nurse managers, professional practice advisors in their organization and/or a CRNBC nursing practice consultant.

Once nurses are advised of practice problems, they are responsible and accountable for demonstrating they are able to meet job expectations and the CRNBC Standards of Practice. Most nurses, once aware of a practice problem, will take the steps necessary to improve their practice. Nurses with significant and ongoing problems may require more attention, direction and skilled assistance from the manager, clinician or other resource person.

CRNBC nursing practice consultants are available to assist managers, clinicians, others working with these nurses, as well as the nurse her/himself. In some situations, a remedial education/progressive discipline approach in the workplace is not effective. A nurse maybe unable or unwilling to make the necessary practice changes or may resign before making the required changes. In either situation, if the practice problems identified have the potential to put the public at risk, nurses and managers have a legal duty to call CRNBC's Nursing Concerns Coordinator.

ASSUMPTIONS ABOUT PRACTICE

1. The CRNBC [Standards of Practice](#) represent the criteria against which all registered nurses' practice is measured, by the public, clients, employers, colleagues and themselves.
2. Employers have an obligation to provide a practice setting in which nurses are able to meet CRNBC Standards of Practice and job expectations. This includes providing essential support systems, including human and material resources.
3. Managers are responsible for having performance management strategies in place that promote both patient safety and a supportive practice environment for staff. This includes clearly establishing and communicating practice and behavioral expectations, taking action if problems occur and establishing a suitable learning environment.
4. Registered nurses are accountable and responsible for their own practice and for making changes to their practice as required.
5. [Self-assessment](#) and seeking [feedback from management and peers](#) is an [ongoing process](#).
6. The practice problems of a single employee can negatively affect client care, other staff, teamwork and the workplace.

A PRACTICAL FRAMEWORK

Questions to Consider

- What behaviours concern you?
- What workplace problems does the behaviour create?
- What actual or potential harm results from the behaviour?
- Is client or staff safety an issue? If so, how?
- What events or situational factors contribute to or reinforce the behaviour?

Identifying Practice Expectations

Be clear about your expectations for the nurse's practice. Identify the specific competencies (knowledge, skills, and judgment) and behaviours required to demonstrate safe, competent and ethical nursing practice in the relevant area (clinical, administrative, education, or research).

The following resources may help:

1. **CRNBC Standards of Practice**
[Professional Standards](#)
[Practice Standards](#)
[Scope of Practice](#) Standards
[Practice Review Tools](#)
2. Job or role description, performance tools (e.g., Competence, Assessment, Planning and Evaluation (CAPE) tool, Competency-Based Practice Framework)
3. Unit or agency policies and standards (e.g., documentation, confidentiality, infection control, harassment)
4. Other job expectations (e.g., clinical competencies, specialty-nursing standards)

Describing the Practice Problems

Be clear about your concerns. Start by identifying the aspects of practice and behaviours of concern. You'll need to be specific and comprehensive in your descriptions. These steps may help:

1. Identify trends and patterns of behaviour and or practices by reflecting on your observations, verbal reports / complaints from others and related documentation.
2. Consider if the practice problem relates to competence and gaps in:
 - Knowledge (e.g., pathophysiology, current treatments, medication administration, resources, policies)
 - Skills (e.g., psychomotor skills, use of client monitoring equipment, teaching clients and families, communication skills, doing mathematical calculations)
 - Judgment (e.g., recognizing when to refer, advocating for changes in physician orders, altering the plan of care, prioritizing work)
3. Consider if the practice problems relates to competence and ethical practice:
 - Attitude (respect for colleagues and clients, awareness of own beliefs, sensitivity to feelings, personal values, body language, tone of voice, teamwork, flexibility)
 - Behaviours – ineffective/disruptive communication patterns, absenteeism, other problems
4. Review any previously implemented performance management plans and note any improvements the nurse made in his/her practice.
 - What assistance, educational activities or supports were offered in the past?
 - Did the nurse receive this assistance, complete these activities or use the supports offered? If not, why not?
 - Did these activities and supports make a difference in the nurse's practice? If so, how is this demonstrated?
 - Has the environment changed? If so, how?
5. Use the [CRNBC Professional Standards](#) as a framework to describe and document specific practice problems. Be descriptive and objective in your statements (See examples in Appendix A).

MEETING WITH THE NURSE

The primary goal is to convey your concerns and practice expectations to the nurse in a clear, fair, respectful and supportive manner. Discussions about practice concerns can be emotional for all involved. Being prepared will help you manage the meeting skilfully, keep the discussion focused and on track, and remain sensitive to everyone's reactions and interests. Ensure that you have reviewed organizational policy regarding respectful workplace, any collective agreement requirements and human resource policy related to performance related discussions.

Preparing

- Identify and use experts to assist you in developing strategies or actions for managing this situation (e.g., educators, human resource staff, experienced managers and CRNBC nursing practice consultants).
- Decide on the meeting's purpose (e.g., gathering more information, following up on complaints, beginning the disciplinary process, describing practice problems, clarifying practice expectations, developing a learning plan, following up on the plan, or evaluating progress).
- Meet with human resource staff/ other agency designate to define the process you will follow. This will help you identify who should attend the meeting.
- Gather the documents you may need at the meeting (e.g., notes, job description, past performance appraisals).
- Write down your introductory remarks and key points to cover. Note the nurse's strengths and think about how you will talk about the problem areas. Have specific examples and dates to illustrate your concerns. Consider how the nurse is likely to react (e.g., upset, concern, denial, anger, lack of concern) and how you will respond.

Organizing

- Agree on a time and location with the nurse. Choose a place that is private and comfortable and a time that respects any commitments. Clear your schedule before and after the meeting.
- Invite all involved. If a collective agreement is in place, it may determine who must be included, notice periods and timing for the meeting.

- Confirm the meeting’s purpose verbally and in writing. Identify who will be attending (e.g., name, title, purpose of their attendance) with the nurse.
- Offer the nurse suggestions on how to prepare for the meeting.
- Arrange for the nurse to be paid for the meeting time.
- Before the meeting, take time to focus your thoughts and review your introductory remarks. (Refer to “Sample Conversations”)
- Plan to minimize distractions and interruptions during the meeting (e.g., put your cell phone on vibrate, forward your desk phone or let others know you won’t be answering, and put a do-not-disturb sign on the door).
- Arrange a time to debrief with your supervisor or human resource staff following the meeting.

Meeting

- State the confidential nature of the meeting, outline the purpose, goals and time lines for the meeting.
- Be sure everyone is introduced. Provide the rationale and role for those in attendance (e.g., union steward, charge nurse, clinician).
- Discuss the problem behaviours you’ve identified in your preparation. Clearly state what you expect of the nurse in terms of job expectations and professional standards. (See Appendix A) Be clear that the nurse’s current practice is below the acceptable standard.
- Listen to the nurse’s perspective. He or she may not agree that there is a problem. Recognize the nurse’s perception is his or her reality and allow time for the nurse to discuss that perspective. Build on the nurse’s strengths and be clear about which behaviours need to change.

AGREEING ON NEXT STEPS

- Set a date or time line for your next meeting. If necessary, discuss how you and/or the nurse will explain to colleagues changes such as a buddy system, re-scheduled shifts or shorter workdays. (See Sample Conversations in Appendix B)
- Discuss learning needs with the nurse and agree on resources and expectations for the learning plan. Be clear about how you will assist the nurse and what the nurse must do (e.g., work with the clinician, participate in education programs). In most cases, you'll develop the learning plan afterwards and discuss it with the nurse at a follow-up meeting. (See the learning plans examples in Appendix C)
- Generally, the nurse should be given an opportunity to improve practice once problems have been identified. Exceptions include situations such as patient abuse or substance abuse. You are strongly advised to discuss options for handling these situations with a CRNBC nursing practice consultant or staff member in the Professional Conduct Review Program.

Learning Plans

Develop the learning plan collaboratively with the nurse. There's a greater chance of success when the nurse is involved in identifying the reasons for his or her practice difficulties and developing the remedial learning plan.

Use a learning/behaviour based approach to describe desired changes. Focus on the behaviour outcome.

Whether the nurse's practice problems are the result of knowledge or skill deficits, unprofessional attitude, poor communication skills, unethical behaviours or a combination of these, all learning plans are similar. They include clear statements of the following:

- Practice problems
- Expected practice changes/outcomes
- People involved in the process
- Criteria for measuring changes/outcomes
- Expected self-learning activities for the nurse
- Agency resources provided
- Time lines for feedback and self-learning activities completion

Learning Plan Examples in Appendix C

You can use these sample plans to identify or design appropriate self-learning activities to meet identified goals. Alter as necessary to fit your work environment and available resources.

Learning plan template

Follow-up to the Meeting

Make sure to follow-up after the meeting. It's an important step in the process but easily overlooked with busy work schedules and competing demands.

General points to consider:

- Document the meeting for your records and give a copy to the nurse. This can be a memo, letter of expectation or meeting minutes. This documentation is a record of who attended, what was discussed, what actions, follow-up and timelines were agreed to and the next meeting date. Make sure it is accurate and complete. A collective agreement, if in place, may determine which documents go into the employee record.
- Identify who will be monitoring and documenting the progress of the nurse (e.g., you, the clinician. . .).
- Be deliberate about relating to the nurse in other areas – not just the practice problem.

Where Do We Go from Here?

In most situations, the nurse's practice will improve. Your role will be continuing to support the nurse and provide feedback through a regular performance appraisal process. If, after reasonable time and effort, the nurse is still unable to meet the professional and job standards, consider what options are available for you and for the nurse.

Under the law (the Health Professions Act), nurses are required to report in writing any unsafe or incompetent practice to the appropriate regulatory body.

Nurses are obligated to report when they have good reason to believe that the public is in danger if a health professional continues to practice because he or she:

- a. is known to be suffering from a mental or physical ailment, an emotional disturbance or an addiction to drugs or alcohol that impairs his or her ability to practice;
- b. is not competent to practice.

If the nurse resigns or the employer terminates a nurse's employment during a remedial process to addressing unsafe or incompetent practice, the employer must report this to the registrar of CRNBC. In addition, nurses must report in writing to CRNBC if they have good reason to believe that a nurse has engaged in sexual misconduct.

More information

- Duty to Report Practice Standard
- Complaints and Concerns
- Early Intervention Program
- Professional Conduct Review Process

Appendix A – Sample Statements

Standard 1: Professional Responsibility and Accountability

<i>Describe practice problem in relation to the standards</i>	<i>Describe practice expectations in relation to the standards</i>
Does not always work within level of competence or accept suggestions made by the supervisor. (e.g. assigning the in charge role on March 1 & 3; a change in clinical practice related to skin care; filling out incident reports Nov. 20 with Mr. C; and a fall with injury on Dec. 4).	Will demonstrate an awareness of own limits of knowledge and make use of the experience of others. Will refer to and follow policies and clinical standards.
When errors are noted in work, tends to blame others (e.g., missed medication dose June 15; OR check list not completed July 5; home visit to Mr. K missed August 1).	Is accountable and accepts responsibility for all nursing actions and for meeting Standards. Will problem solve solutions when errors are brought forward, rather than to blame or make excuses.
Administered a narcotic analgesic without an order to two patients during a night shift. (March 4). Did not chart that the medications had been given and when first questioned denied having given the medication.	Will consistently practice within the legally recognized scope of nursing practice in regards to medication administration. Will document according to agency policy.
Personal life intrudes on work time (e.g., several personal calls each shift; late for the shift start March 6–11; engages co-workers in extensive discussions about personal problems during work time).	Will arrange personal affairs so that they do not interrupt work. Will focus attention and interactions with co-workers, during work time, on work related activities and not personal ones.
Does not use available continuing education sessions to improve practice despite them being made available during work days.	Will plan time to attend in-services at work. Will be self-directed in seeking out learning activities to maintain competence.
While working a regular rotation schedule (past 2-3 months) acted very tired and is frequently irritable with other staff and some patients (e.g. Sept 4, 5; Oct 14, 15, 23). Reports working at another facility on some of regular days off.	Will maintain own physical, psychological and emotional fitness to practice, by getting sufficient rest. Will monitor own fitness to practice and seek feedback from others.
Worked March 1 and 2 without renewing CRNBC registration	Will meet the requirement for registration and will renew prior to March 1st every year.
Failed to complete required falls assessment to protect vulnerable client.	Will take action to promote the provision of safe, appropriate and ethical care to clients, including completing required assessments and implement identified safety precautions.

Sample Statements

Standard 2: Knowledge-based Practice

<i>Describe practice problem in relation to the standards</i>	<i>Describe practice expectations in relation to the standards</i>
Did not demonstrate problem-solving and critical thinking when faced with changes in patient's condition (e.g., Mrs. T on Feb 9; Mr. B on March 4).	When changes in patients' conditions are noted, will assess thoroughly and notify the physician and/or other appropriate colleagues in a timely manner.
Presents information to new parents by rote; misses cues from parents that indicate they do not understand the information (e.g. Nov. 2-3,15 & 18)	Will organize teaching for new parents that demonstrates client-centered learning needs, priorities and approaches to care.
Does not consistently complete the duties of the job without reminders from others (e.g. I&O on Feb 3-4, March 10-11; documentation for Mr. L on March 10; leaving tasks for the next shift – Mrs. S. dressing, Mrs. B discharge teaching).	Will complete all patient care and other duties each shift, will request help if workload is too demanding, and/or will report to appropriate person if unable to complete the work.
Has difficulty organizing nursing care when facing multiple demands and changing priorities (e.g. March 4, 7, 8; April 3, 9, 19).	Will manage changing demands and workload and will demonstrate the ability to prioritize work.
Does not use approved abbreviations in documentation and has not completed charting, which interfered with continuity of care (e.g. Mrs. B – no documentation about IV start; Mr. P – missed documentation about chest pain, abbreviations in assessment data not meaningful).	Will use only approved abbreviations. All documentation will be accurate, complete and timely and in accordance with documentation policies.
<ul style="list-style-type: none"> • Did not provide care consistent with seclusion protocols (e.g. Mrs. L on Dec 3). 	Will demonstrate consistent use of guidelines and protocols.
<ul style="list-style-type: none"> • Breaks sterile technique when managing central lines and IVs (e.g. Mr. T on April 4; Mrs. B on April 7). 	Will review protocols related to central and IV care. Will demonstrate central line and IV skills with clinical educator within two weeks
Talks to others about colleagues when there are differences of opinion or conflict.	Will use effective problem-solving and conflict resolution strategies.

Sample Statements

Standard 3: Client-focused Provision of Service

<i>Describe practice problem in relation to the standards</i>	<i>Describe practice expectations in relation to the standards</i>
Failed to contact Continuing Care and Home Care regarding discharge plans for several post-operative patients (e.g., March 4 & 9; April 19 & 22).	Will review discharge planning procedures and resources. Will liaise with appropriate community staff when planning discharges, to ensure continuity of care.
Became abrupt and angry when dietician questioned how diabetic teaching was progressing for 3 diabetic clients on March 4.	Will be open to questions from colleagues related to client care and offer relevant information to collaborate regarding the plan of care
Did not contact the Physician to clarify the orders for heparin on Mrs. P and withheld medication inappropriately with possible effects on client health.	Will follow CRNBC Standards for Acting with an Order and agency policies. Will consult and collaborate with other members of the health care team to clarify orders and care plan.
Four complaints received from staff in the past month regarding assignment decisions. Nurse is perceived to take a 'lighter load'	Will collaborate with team members regarding decisions for patient assignments and work to ensure a balance of workload across the care team.
Refused to provide regulatory supervision of nursing student activities on March 15 & 16, April 18 & 19, May 4, 8.	Will review <i>Regulatory Supervision of Student Activities</i> Practice Standard and provide supervision of student activities in this practice setting.
Overheard on multiple occasions speaking critically of newly implemented documentation system.	Will bring specific concerns forward to the documentation committee. Will reflect on personal response to change and ways to contribute constructively to changes to improve client care.
Did not teach other members of the health care team how to carry out the plan of care (e.g. Mrs. B's burn dressing; Mr. J's transfer technique; Mr. T's enteral feeding).	Will instruct and guide others regarding care activities. Will reflect on role of RN when working with LPNs and Care Aides and identify ways to develop leadership skills

Sample Statements

Standard 4: Ethical Practice

<i>Describe practice problem in relation to the standards</i>	<i>Describe practice expectations in relation to the standards</i>
Withholds activities of daily living (e.g. meals, ambulation, and activities) from residents as a means of controlling resident behaviour (e.g. Mrs. P on May 4; Mrs. H on May 17; Mrs. B on June 5).	Will demonstrate respect for clients and provide care in a manner that preserves and protects client dignity. At all times, will provide safe, competent and ethical care to clients.
There have been four complaints from families in the past two months regarding abrupt communication style and lack of explanation for changes in client care (e.g. families of Mrs. P, Mrs. B, Mr. Y and Mrs. R).	Will demonstrate an attitude of respect and promote the right of clients and families to be informed and make choices about their care.
Reported by colleagues to have had coffee in the cafeteria with a client (Mr. S) and to have arranged for a date with the client upon discharge.	Will establish and maintain appropriate nurse-client relationships and will not initiate a personal relationship while in a professional relationship.
Received three complaints from members of the public (June 4, July 2 & July 24) stating that on three different occasions they overheard conversations about former patients (MJ, DW & HM) while shopping in the local grocery store and while having lunch in a local restaurant.	Will protect the privacy and confidentiality of client information at all times.
Accepted a gift of \$5,000 from a former client to assist with the costs of attending university.	Will consistently maintain appropriate nurse-client professional boundaries. Will return this gift and in future, will not accept any gifts from current or former clients.
Observed to be texting on personal cell phone and failing to respond to client call bells on three occasions (May 4, 11 & 28th).	Will make the client the primary concern when providing care. Will follow agency policy regarding cell phone use and will limit cell phone use to break times.
During work time, initiated advice to clients on use of nutritional supplements which were also provided for sale through home-based business (June 22 & 28, July 5).	Will recognize actual and potential conflicts of interest and refrain from selling products at work.

Appendix B – Sample Conversations

Opening the Conversation/Starting the Meeting

Sample 1

“Thank you for coming in and meeting with me. I think this will be a difficult meeting for all of us because it involves issues that are sensitive – to both you as a nurse and me as a manager. I know we are both committed to safe patient care and I am hopeful this shared value will guide our conversation today. Based on my own observations and concerns brought forward by your peers and clients, it seems that there are some problems with your nursing care. I want to go over these concerns about your practice. Please listen and then I want to hear your perspective...”

Sample 2

“Now that we are all here, let’s get started. As I indicated on the phone, there are three patient complaints that we are going to go over...”

Sample 3

“I see that you are upset and nervous and I realize that this is difficult. I have some concerns about your practice that we need to talk about. There are many things you do well, and some things I have concerns about. I’d like to talk about both and explore how we can proceed from here to address the problem areas and build on your strengths. But first we need to go over the practice concerns...”

Sample 4

“I am thinking that you may be feeling very upset, and I would also like to understand what has happened to your practice. Are you able to tell me what is going on for you in relation to the practice concerns I have identified?”

Discussing problems in a non-confrontational way

Sample 1

“We’ve had previous discussions, since you started work at this health unit, regarding certain practice issues. Over time and with experience I would have expected that these would have improved. Now, after eight months in the job, the problems are still present. This really concerns me...”

Sample 2

“As you know, some nurses have voiced concerns to me about what they perceive as your argumentative nature. You’ve also expressed concern about certain aspects of your work and your role on the unit. These concerns relate to your relationships with other nurses and the frequent arguments and disagreements you have. Overall, the care you give patients is satisfactory. My concern is that if these conflicts between you and other nurses continue, it will have a negative effect on client care.”

Sample 3

“We have talked on at least three occasions about my specific concerns about your practice. There are a number of things you do well. There are, however, areas of your practice that need improvement. My concern is that these practice problems are significant and they are not improving. I’m concerned because these problems are now having a negative impact on client care... ”

Sample 4

“We are here today as a group to decide on how we want to proceed and what your options are. The one thing I want to make clear is that continuing to practise in the same way is not an option. There are some things that need to change today and I’m confident that you will be able to do that. There are other things that need to change that may take more time... ”

Sample 5

“Despite direction and reminders, you still do not consistently complete your care or give medications according to our policies. I am concerned about your health. You seem upset/unhappy/preoccupied/stressed and it is affecting your performance...”

Sample 6

“Several times now, when I’ve said things you’ve become very angry - to the point where I feel threatened. I don’t know what’s causing your response. If you’re upset, I understand that. If you’re trying to intimidate me, it won’t work. I really do want to know what is upsetting you and I want us to find a way to talk about it that doesn’t feel threatening to me... ”

Sample 7

“I agree this can be a stressful place to work. My concern is that in the course of a normal working day, you are not able to complete your work or work collaboratively with others to do so...”

Summarizing the meeting

Sample 1

“My expectation is that you will practice to a satisfactory level in all aspects of your role as a nurse on the unit. Do you have some ideas about what would help you to improve your practice?”

Sample 2

“It is expected, through your focus on communication, there will be fewer arguments and conflicts between you and your co-workers...”

Sample 3

“It is expected that you will safely administer medication to clients and follow unit policies and standards...”

Agreeing on next steps

Sample 1

“If, for whatever reason, you are unable to improve in the areas identified, we will have to meet again and talk about the next steps in the process...”

Sample 2

“We need to establish time lines. I am willing to commit the time and effort to help you improve your practice, but there are limits. The onus is on you to improve your practice.”

Sample 3

“At what point do we say that this is not working?”

Appendix C – Learning Plan Examples

Failure to follow policies and standards

PRACTICE PROBLEM

Despite our previous discussions about your performance and as per the details in the letter sent to you in September 20xx, you have been unable to consistently administer medications according to unit policies and standards. For example:

Medications have been left at patients' bedside.

Analgesics are entered late.

There has been incomplete and late reordering of medications from the pharmacy.

EXPECTED PRACTICE CHANGE/OUTCOME

Will consistently follow unit medication policies and standards, including preparing, giving, charting, reordering medications and signing for analgesics.

PEOPLE INVOLVED IN THE PLAN

Educator, manager, staff RNs.

CRITERIA TO MEASURE CHANGES/OUTCOME

- Patients will receive medications according to unit policy and standards.
- Chart audits will demonstrate policies are followed.
- Analgesics will be charted immediately following administration.
- As a result of you reordering medications at the appropriate time, medications will arrive from the pharmacy when needed.

LEARNING ACTIVITIES

- Review all medication administration policies and standards.
- Arrange time to discuss questions and safety issues with the educator.
- Buddy with the educator for 1/2-day to demonstrate improvement in following medication administration policies.

RESOURCES

- Manager will provide the policies.
- Sessions with the educator will be during work time.
- Feedback sessions with the educator will occur following review of patient charts.

TIMELINES

- Within three weeks: schedule your first session with educator to discuss your review of unit policies and standards.
- Within six weeks: meet with the educator to seek feedback regarding the educator's review of patient charts, observations of your medication administration and reordering procedures.
- Schedule a meeting every two months over a six-month period with the manager to review your progress.

Unprofessional Interpersonal Skills

PRACTICE PROBLEM

Despite our previous discussions about your performance and as per the details in the letter sent to you in August 20xx, you continue to frequently exhibit an argumentative, impatient and abrupt communication style with unit staff, some patients and family members.

EXPECTED PRACTICE CHANGE/OUTCOME

Communications with other staff will demonstrate and reflect a professional and respectful attitude. Communications with patients and families will demonstrate competent, therapeutic nurse/client relationships.

PEOPLE INVOLVED IN THE PLAN

Educator, manager, staff RNs.

CRITERIA TO MEASURE CHANGES/OUTCOME:

- Communications with colleagues, patients and families will be professional and will demonstrate your understanding and respect for different points of view.
- There will be no further complaints from colleagues, patients or family members.
- There will be positive feedback from the role play sessions with the educator regarding your communication style.

LEARNING ACTIVITIES

- Review current literature related to therapeutic nurse/client communication, and anger management.
- Complete a communication course on anger management. Discuss the relevance of the course being considered, with the educator or manager, prior to enrolling. Following the course, discuss learning with the educator or manager, noting implications for future communications.
- Discuss any personal health concerns with the occupational health nurse or your family physician.
- Talk with a CRNBC nursing practice consultant about managing stressful situations in the workplace and the responsibilities of registered nurses

to maintain their fitness to practice.

- Consider contacting the Employee Assistance Program to discuss issues related to the communication difficulties you are having at work.
- Seek peer feedback regarding your communication style.
- Identify difficult situations for you to manage, and role play these situations with the educator. Plan to meet once a week for six weeks.

RESOURCES

- Support of the Employee Assistance Program.
- One-day education Leave of Absence (LOA) to begin literature review.
- Registration fees for a specified course and salary for half of the course hours to complete.
- Time to meet with the occupational health nurse when requested.
- Meetings with the educator and manager to discuss the improvement plan and the progress being made.

TIMELINES

- Within one month: meet with the educator to discuss the communication concepts that apply to your practice as identified from your literature review.
- Within two months: meet with manager to discuss your progress with your self- learning activities.
- Enroll in a suitable communication course as soon as possible.

Organization and Delivery of Nursing Care Issues

PRACTICE PROBLEM

Despite our previous discussions about your practice and as per the details in the letter sent to you in October 20xx, your overall practice still does not meet standards. The following performance concerns are noted:

- difficulty setting priorities and organizing care;
- frequently late getting off work;
- require assistance from other staff to start IVs;
- inconsistent completion of dressing changes; and
- incomplete documentation/reports to other staff.

EXPECTED PRACTICE CHANGE/OUTCOME

You will consistently demonstrate the ability to set priorities and organize care for a full range of assigned patients on this unit.

PEOPLE INVOLVED IN THE PLAN

Educator, manager and staff RNs.

CRITERIA TO MEASURE CHANGES/OUTCOMES

- Demonstrates an ability to consistently provide a complete range of nursing services for patients, including documentation, within the normal hours of work 90% of the time.
- Comprehensive reports on all patients will be given to oncoming staff.

LEARNING ACTIVITIES

- Complete three consecutive weeks of day shift, working closely with the care coordinator and educator as resources. During these three weeks:
- Buddy with the educator for two days to provide care and discuss priority setting and organization of work.
- Complete a 1/2 load assignment of patients for three shifts while meeting with the educator at the beginning, middle and end of the shift to discuss your progress.
- Increase patient assignment slowly over ten days and discuss changing patient priorities and organization of work with educator as needed

during the shift and at the end of each shift.

- Complete an agency course on intravenous therapy.
- Complete a two-day surgical day care experience starting pre-operative IVs.
- Contact a CRNBC nursing practice consultant to discuss RN responsibilities related to organization of patient care and documentation.
- Obtain CRNBC resources to address these issues and discuss with the educator.

RESOURCES

- Time on duty with educator as outlined above.
- One-day education LOA and costs to attend IV therapy course.
- Two days in the surgical day care area to start pre-operative IVs.

TIMELINES

- Buddy with the educator for two shifts, beginning next week.
- Meet with the educator at the beginning of the next four shifts to develop assignments and meeting times.
- Discuss priorities and organization of work using case studies.
- Complete IV therapy course within three weeks and meet with the manager following to arrange the surgical day care experience.
- Meet with a CRNBC nursing practice consultant within six weeks of beginning this improvement plan.
- Schedule meeting with manager at four and eight weeks of this plan in order to discuss progress and receive feedback.