

Information for RN and LPN Applicants

Introduction to the Performance Based Development System (Critical thinking assessment process)

Sarasota Memorial Health Care System is committed to hiring and maintaining nurses who provide the highest level of competence, critical thinking, safety and quality.

Quality care cannot be achieved without competent individuals and consistent performers. A nationally renowned competency expert, Dr. Dorothy del Bueno, has created a highly effective and valid methodology to assess individuals' competency skills. The **Performance Based Development System** is a customized competency assessment process that evaluates the nurse's ability to do the job. All assessment components require the nurse to critically think - multiple choice answers are NOT used. Each employee has different educational, practice and development needs. Therefore, an organization must have a valid and reliable system to effectively validate individuals' competence.

What are the benefits of using the Performance Based Development System?

Organizations that use PBDS benefit by increasing their potential to:

- Maintain quality of care
- Improve cost effectiveness of education / training
- Reduce and prevent risks by early identification of performance problems
- Meet JCAHO and other regulatory agency standards
- Enhance customer satisfaction
- Validate safe and compassionate care

What does PBDS Assess?

PBDS is used to assess and validate multiple practice skills and abilities including:

- **Critical thinking -
Doing the right thing for the right reason**
 - Problem recognition
 - Risk and problem management
 - Differentiation of priority and urgency
 - Application of knowledge
- **Interpersonal Relations Skills**
 - Conflict resolution
 - Customer satisfaction
 - Team building
- **Technical skills - doing the right thing**
 - Safe performance of procedures
 - Effective use of equipment



A Model For Competence and Success



The Assessment Format

The PBDS assessment is entirely computer based. (It is expected that the nurse have basic knowledge of using a computer, mouse, and keyboard).

Critical thinking assessment consists of viewing patient care scenarios on the computer: determining the *main* problem; ranking type of priority (urgent to non-urgent); stating what interventions to expect; stating specific rationale for each intervention. Answers are in essay/statement format (no multiple choice answers). Each scenario is timed and the screen shows the remaining time allotted. Every scenario will have at least one change in patient status.

Another assessment is designed to determine if the nurse can differentiate priority and urgency of a scenario. The nurse assesses a scenario and decides what *MUST* be done (urgent-priority), what *SHOULD* be done, or what *COULD* be done (low priority).

Interpersonal skills are evaluated by presenting patient care situations in which the nurse responds appropriately. These “startling statements” reflect conflict resolution, customer service, and team building skills.

The Assessment Process

The PBDS assessment takes approximately 5 hours to complete. The results are submitted online to an impartial rater who will score the assessment and send the results to the education department. The results will include a summary and action plan that will be shared in a feedback session with the nurse, the clinical coach (preceptor) and educator. The results help determine the length and content of orientation. The results are not numerically scored. The results range on a continuum from “Unacceptable” (does not meet, inconsistent, does not meet for problem

management, limited does not meet) to “Acceptable” (limited but acceptable, meets for stated experience, meets with exceptions, exceeds).

A nurse who scores “Acceptable” is not required to be reassessed unless deemed clinically unsafe during orientation. For a nurse who scores “Unacceptable,” a reassessment is made within a few weeks after orienting with a coach

During orientation prior to the reassessment, *the nurse is responsible and accountable for daily documentation of safe patient care*. The daily documentation is given to the manager each week. It is solely the nurse’s responsibility to document safe, competent, quality care during that period. If the reassessment shows “Unacceptable” and the nurse provides safe care, the daily documentation should reflect examples of safe practice. If the reassessment shows “Unacceptable” and the documentation does *not* show safe practice, the nurse does not meet the SMHCS standards of competency, critical thinking and safety.