

All Aboard! A phased and team-based approach to onboarding and competency assessment for new practice facilitators

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ZSOLT NAGYKALDI

Good afternoon, everyone. How's the conference going for you so far?

ZSOLT NAGYKALDI

I'm amazed each year I think we are getting more sophisticated in the content. And this is a record year for the number of workshops, which really speaks to the nature of the conference, which is really for professionals for, for the "practice" of practice facilitation in addition to, of course, looking at the science and other things. So it's great to hear good feedback because we had such a good conversation going during lunch. I, we didn't want to bother you with some announcements, but just to recap a little bit and, and make sure. So dine arounds, I hope you already added your name because we would like to get those reservations going. But if not, maybe you can get in on one of those lists. So remember to do that up front at the desk and be sure to take advantage of the happy hour, you have two tickets back here for two drinks. So it's going to be the last part of our, after our sessions today. Anything else? Housekeeping? I think we're doing well. OK. So as I mentioned, I'm always delighted and, and really amazed about the high quality of the abstracts and the work that you, you share with us and everyone else here. So this year, we wanted to really spotlight one particular presentation that had very high scores in our peer review process. And we thought that this would be a great opportunity to shine some light on this particular presentation. This is going to be done by three presenters: Linda Murakami, Jane Drage, and Susanna Lovik, who work as improvement advisors at the American Medical Association. In their roles, they deliver data driven quality improvement coaching to health care organizations, with a focus on improving blood pressure control. Linda is a registered nurse with clinical background in inpatient medicine and oncology and directed quality programs in ambulatory home health and correctional health care. Jane is a registered medical assistant with a clinical background in ambulatory care and most recently worked as a research coordinator at Northwestern University's Institute for Policy Research. And Susanna is a registered nurse with a clinical background, working in the inpatient environment and in the outpatient setting as a kidney and pancreas transplant nurse. What

an expertise presented here! So without further ado, I let the team come up and start their presentation. Thank you. Let's give them a warm welcome.

SPEAKER

LINDA MURAKAMI

Thanks everyone for joining us. I know, we're rounding up the end of the day. So hang in there, happy hours come and he announced it. So I wanna thank the ICPF conference committee for selecting us and inviting us to do the spotlight presentation. And I do want to thank those who reviewed our abstract without whom we would not have been selected. So, thank you all. In our work, we coach health care teams on improving blood pressure control, like we said, and we do it using our blood pressure--our improvement process that we developed called Map BP, where we measure blood pressure accurately, we act rapidly on high blood pressure readings, and we partner with our patients to get them engaged in their care. So, as we talk about onboarding, I'll mention I was the first practice facilitator hired about 9.5 years ago at the AMA and Jane and Susanna, our two most recent. They've been here just over a year. So, passing over objectives to kind of save for time. So, so I'm gonna ask Jane and Susanna a series of questions throughout this presentation. And the first one is this: when you started as a practice facilitator, what did you expect? And we're gonna start with Susanna.

SPEAKER

SUSANNA LOVIK

Am I doing it right? OK. When I started, I really did not know what to expect. I wasn't familiar with practice facilitation. This was my first role outside of working in a clinical setting. So it's all very new to me in terms of on boarding. The only experience I had was like shadowing somebody for a short period of time and then kind of getting thrown into it. So that's definitely what I expected to happen.

JANE DRAGE

Right. And I echo Susanna in that I didn't know what to expect. I thought I would be, you know, training, patient training care teams on measuring accurately and maybe manage some projects. And so I also thought I'd be, you know, partnered with a practice facilitator, which I was, and to learn more about my role and responsibility

LINDA MURAKAMI

You know, and, I think for all of us when we start new jobs, I mean, there's always a lot of unknowns and I mean, let's face it: Onboarding is never the same anywhere. So what is onboarding? It's the process where we're going to integrate our new hires into the organization. And according to the society of Human Resources Management, it could be like a 1 to 2 work day orientation or it could be a series of activities that may last many

months. And we are the example of many months. So this is what I got when I started, I got a five-inch three-ring binder full of paper, had some policies, had you know, committees' minutes that I didn't know anything about the committees. And you know, of course, information about high blood pressure. And then the binder became a word document. And so this time, we added links to things like IHI, you know, Open School and the AHRQ Practice Facilitation Guide. But we still had just a lot of independent learning. We did match this time with a preceptor. So they followed one on one kind of like, you know, when I started as a nurse, I followed a nurse around, you know, for, for weeks and weeks. But we weren't tracking when anything was finished, like we didn't check it off or put a date or anything and the training itself was kind of shadow till you get it. So people watched us, you know, work with sites or they listen on our coaching calls and really that was it. So really, we were just extending one poor orientation process to the next. And we did like some of the things we did: we liked the resources that we had, we liked a lot of the activities we had set up for them to learn. But there was no opportunity to practice. And so when it came to, you know, coaching and doing practice facilitation, there was a lot of gaps in learning and, and also gaps in like really understanding their role in our department, because we didn't really do any team building. I mean, we had team meetings but the team meetings were really just to, "hey, what's the status on the site? You know, where are we at?" You know, it wasn't like a, "hey, let's get to know you" kind of meeting. So, we knew we weren't being fair to the new employees as to our expectations, and so we knew we had to change. So to fix this, we developed an onboarding curriculum, kind of felt the curriculum would help us better prepare them, you know, and be a more comprehensive onboarding experience. So we built learning objectives and we kind of, you know, focus, focused in on training, you know, of the actual role itself and learning our Map BP process and all the clinical training and the coaching that we do. And then we built the education to meet the objectives. And so it included everything on how to, you know, book a conference room at the AMA and, you know, things like how to put a blood pressure cuff properly on a patient. And then, let's see. So then we also had them team up with some of the key members of our team that intersect from our, some of our work. And then there was the specific training on scientific evidence and the things we need to know, like to talk about high blood pressure. So this time, we took that plan and we put it into Excel. So we had a giant workbook, a whole lot of sheets in there and then we started coordinating all the action items that we needed to get done. So my next question is, what was your first impression of the onboarding plan? And we'll start with Jane first.

JANE DRAGE

Ok. So when I saw this onboarding plan, I'll be honest, there was a lot of reading and a lot to learn and I was a bit overwhelmed. There were deadlines thankfully, they were flexible with the deadline. So that was a good thing for me. I the learning objectives for me, they were all blending together. I wasn't quite sure how like what the big picture was at first. So, you know, I was glad to have that structure and the guidance that helped me feel comfortable with these objectives. But also there were lots of meetings and again, I didn't know how the whole team collaborated yet since I was so new. So I didn't know how I fit into this puzzle

and the big picture, but I was happy and excited to find out how we all collaborated. And yeah, Susanna?

SUSANNA LOVIK

Yeah, also was like overwhelming. there was a lot on there. But I think especially coming in and being completely new to what practice facilitation was, it was really reassuring to me to see that the team I was joining had like put a lot of thought and effort into how they were gonna train me. They were really meeting me where I was, which was with nothing, so that was like, it was comforting to be starting with all of that. I also, to be honest, didn't really think it would happen. I've done onboarding binders and whatnot before and it just kind of like, work gets busy. They're like, "go fly," and it's just like a scramble the day before when we realize the checklists are due to like initial everything. So, I didn't really think that it was gonna all happen.

LINDA MURAKAMI

So true, like, you know, Susanna, we did put a lot of work in it. There's a couple of people who also were part of doing all the work that we did on it. And like Jane said, there was a lot, I mean, you know, there really was a lot. So we ended up with eight learning objectives and you know, this is really where you see the team based onboarding start to develop because, you know, we had the training performed by the team member who most closely did that work. So we have a facilitator who does our initial clinical reviews and assessments and our initial clinical training. And so, you know, that practice facilitator, you know, taught that to Jane and Susanna. it was kind of challenging, actually coordinating all the trainers because we went from one on one to trying to coordinate like calendars for 10 people to do all the training. So, but the really big change we made was we did some, we created and developed some semi-elaborate mock training. So we took a scenario that we created based on a practice we worked with, and then went through every step of our assessments and the training and the coaching that we do. So everyone was assigned a role while Jane and Susanna, you know, observed. So we had our usual practice facilitation team lead the activity and then I played the role of the nurse site champion. And so we would kind of act through it and we literally were pretending we were training, you know, a site and then we would stop every now and again and explain to them like "this is why we're going to ask these questions" and "this is what we're looking for" or explain to them why we may have said something. And then Jane and Susanna took their turns acting as trainers. So, you know, we're virtual, like when we're doing this last year. And so my dining room was the exam room and... every practice we go to has this drawer full of manual blood pressure devices and cuffs inside of it. So you guys know, so I tried to create that, you know, real experience for them. And then they asked about patient education materials. And so I just showed them my wall of records as the patient education. So, like I said, we did several practice events. We let Jane and Susanna, you know, gave them our feedback and then, you know, they had a full assessment. We developed a scoring rubric just to make sure everybody was looking at it, you know, in the same way. So when we were assessing them and then after each session, they gave us their feedback and kind of told us how they felt and then they dropped off the call and then we gave our feedback to our director, Neha,

and then she was meeting with them individually, you know, for their feedback. And then after that, we're just continuing to reinforce the training with them and then supporting them wherever they need to be. So, like I said, you know, one facilitator does that initial training. And so, you know....I lost my place... ..right. So, and so then we have like the ongoing call. So Jane and Susanna have already been paired up with them. So Jane is working with the person who does the initial, you know, assessments and Susanna is working with the person who does the ongoing coaching, but we all have other little special projects that we do in our department. So, for example, Jane is already working with our medical education team, who are creating blood pressure measurement modules for medical students and other members of the care team and Susannah is already working with our data metrics team. They're refining our dashboard. We have some process and outcome metrics that we use to coach our Map BP process. So final question: what do you think now? And this time? Oops, sorry, Jane is first.

JANE DRAGE

Well, now that the onboarding process is completed, I can honestly say I do love my team and they did not pay me to say that. I, I now know what my role is as a practice facilitator. Thanks to, I think I mentioned this last year, those AHRQ modules and the IHI training modules, they were really helpful. All the reading and things I learned helped understand more about hypertension and how devastating it is in this country and how much we can do to improve it. I also, you know, I'm grateful for my team. They, they prep me to know that things change all the time and we have to flex and be able to adapt to our situations, which is what we do. And you know, I, I think that the weekly check ins with our original practice facilitator here were very enlightening and we appreciate them seeing how things were when she started, how we're doing things now, the big changes and, and how things have improved. And then knowing about all the resources that the AMA has for us, to help us achieve and exceed our expectations and our goals. So overall, I think the onboarding experience was wonderful for me and I just appreciate my team for taking the time to help us learn how to be practice facilitators.

SUSANNA LOVIK

Looking back now, I think the from what I expected, which is to just kind of like shadow somebody for a little while and then get thrown in. I don't think I could have achieved the same amount of learning and success as a practice facilitator with that style versus the onboarding plan that they made, like the structure and the pace of it. Also, there's so many elements and so many different working pieces. And so meeting with each one of those people to find out how they all work together was really, really helpful and helped me understand the bigger process. But overall, I learned about like our department within the AMA about being within the AMA about practice facilitation, blood pressure control, like all of the things. I really think it achieved what it was trying to do. I think the biggest thing for me, what I found was helpful, were the mock events. It was really nice to have like practice in a safe environment and be able to get good feedback. Linda liked to play a cantankerous nurse, which gave me some like good preparation for encountering resistance in in the real

world. So overall it was great. I wanna, you know, thank my team. They're wonderful for getting us to where we are

LINDA MURAKAMI

today. See, Susanna thinks I was playing a cantankerous nurse. Anyway, I need to say that Jane and Susanna handled like all of it really well, like Jane said, there was like some different things, you know, changing. because people like we're coordinating 10 calendars, right? People would get other conflicts because onboarding was not their priority. So we had to change things up and there was an order really that we were trying to maintain, you know, in which we were trying to complete everything. So, so how can this approach work for you? So, you know, we suggest like looking at all the work that you do and kind of chunk it together, categorize it and that's where you can build your learning objectives. And then of course, prioritize them, you know, which order they need to be completed. And then from there, you need to detail the education to meet the objectives. We had a lot of activities under each objective. So, you know, while they said it was kind of overwhelming, it probably was and then kind of determine how you're going to assess for competency. So how will you know that they're able to perform at least the majority percentage of, of the role that they need to be able to do and of course, create that template for the scoring, so everybody is looking at it the same way. And then really include all the team members, letting everyone know they're gonna be a part of this because you know that specific training and coming from the expert, really, I think makes a difference. And I just want to say that like Jane and Susanna, I had the opportunity to work with everyone on our team, but I really think it was great for the rest of this team, you know, us on the team, to kind of watch this whole process grow. They were the first ones that we tried this with. So they were very patient. And that's it. I guess we have time for questions.

SPEAKER

SPEAKER 5

So you said that you had assessed the competency levels. How do you assess the competency levels? Can you give us a brief description of that?

LINDA MURAKAMI

Yeah, so, so we did that same mock activity and so we had kind of scoring. So we just like because of all the things we had taught them, we're really doing an assessment. So did they look and review the environment the way we're supposed to? When they were training and talking about high blood pressure, did they say and do the right things? When I, the cantankerous nurse, you know, ask a question, you know, well, what are you doing that for? You know, how could they answer that. I mean, so, and we really, we practiced several times, like we did it a couple times with, you know, to show them and then we did let them practice several times, you know, until they were comfortable and we would, you know, coach them during that whole process.

SPEAKER 5

So how long did the onboarding process take from beginning to end?

LINDA MURAKAMI

It was more than six months. I can't remember exactly how many I wanna say eight or nine. It was a while. And like, because we kept, we had the target dates, we marked it all down. But, you know, sometimes things happen and, and we weren't getting through things as quickly as we thought because like I said, we made this up for the first, time, and so we're guessing how long it might take for them to learn something. So, and we really, you know, like there's a lot of independent reading. So it's like you have to kind of read some of that stuff to understand, you know, what the high blood pressure, the hypertension guidelines are. So there was that.

SPEAKER 5

Any other questions, raise your hand.

LINDA MURAKAMI

All right. Thanks everyone.