



COLLEGE OF NURSES  
OF ONTARIO

ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

# Quality Assurance Program

## Self-Assessment and Your Obligations

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# Objectives

1. Provide an overview of the new Quality Assurance (QA) program
2. Highlight the Self-Assessment component of the QA program and provide an overview of the learning plan
3. Inform members of available resources to support meeting the new QA program requirements

# Why A Revised QA Program?

- More rigor required to ensure public protection
- Meet QA program requirements in the *Regulated Health Professions Act, 1991*
- Support expanding scopes of practice/addition of new specialties
- Respond to member feedback to have a more meaningful program

# New QA Program

The QA program includes the following components:

- Self-Assessment
  - Practice reflection
  - Developing and maintaining a learning plan
- Practice Assessment
- Peer Assessment

# Component 1: Self-Assessment

Self-Assessment is a self-directed, two-part process that results in the creation of a learning plan

## Part A

- Reflecting on your practice and obtaining peer input to determine your strengths and areas that need improvement

## Part B

- Developing and maintaining a learning plan to meet your learning goals

# Component 2: Practice Assessment

- Submitting a learning plan and participating in a specified practice assessment
- Assessments include:
  - Multiple-choice Objective Test (All nurses)
  - Chart Review (NPs only)
  - Practice Simulation (NPs only)

# Component 3: Peer Assessment

- Peer Assessors review learning plans and Practice Assessment results
- Recommendations are made to the Quality Assurance Committee (QAC)
- QAC may direct or recommend additional remedial learning activities
- Members continue to maintain and update their learning plan



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# Component 1: Self-Assessment



# Part A: Practice Reflection

- Determine your strengths and areas for improvement by reflecting on your practice and obtaining peer input
- Reflect on the College-specified practice standards and learning needs, incorporate:
  - Advances in technology
  - Changes in the practice environment
  - Entry to Practice (ETP ) competencies
  - Interprofessional care

# Part B: Developing and Maintaining your Learning Plan

- The learning plan outlines how you relate the practice standards to your nursing practice
- The learning plan:
  - Articulates goals based on practice reflection
  - Outlines activities to achieve goals
  - Records the evaluation of changes to your practice

# Completing your Learning Plan

- Document a minimum of one goal for each practice standard
- Each goal is documented on a separate learning plan form
- Nurse Practitioners (NP) must create an additional goal for the NP practice standard
- Incorporate information from workplace performance assessments
- Keep your learning plan for two years

# QA Learning Plan Form 2009-2010

Page \_\_\_\_ of \_\_\_\_

Name: \_\_\_\_\_

CNO registration number: \_\_\_\_\_

Area of practice: \_\_\_\_\_

Position in nursing: \_\_\_\_\_

## Practice standard

My goal relates to the following practice standard(s):

- Infection Prevention and Control
- Ethics
- Nurse Practitioners
- Other (Practice standards and guidelines)

## Goal

What do you want to learn or achieve?

## Activities and timeframes to achieve my goal

Expected goal completion date \_\_\_\_\_

## Evaluation of changes to my practice

Actual goal completion date \_\_\_\_\_

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### My learning plan addresses:

- |                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Advances in technology             | <input type="checkbox"/> Entry-to-practice competencies |
| <input type="checkbox"/> Changes in my practice environment | <input type="checkbox"/> Interprofessional care         |

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I have signed and dated the Declaration  
(see back page)

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

## Declaration

### QA Learning Plan 2009-2010 Declaration

I hereby declare that the following statements are true.

1. I have initialled and dated my Learning Plan.
2. My Learning Plan has been prepared by me, **is my own work** and accurately reflects my learning goals and activities.
3. My Learning Plan demonstrates my commitment for continual participation in Self-Assessment and improvement processes.
4. I will retain a copy of my Learning Plan for two years.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Reminder

Ensure you review the College's Collection and Retention of Personal Information Statements on page 2 of the *Self-Assessment: A Guide to Developing Your Learning Plan 2009-2010* document.

# Where do I start?

- Obtain:
  - *Quality Assurance: Program Requirements* fact sheet;
  - *Self-Assessment: A Guide to Developing Your Learning Plan 2009-2010* QA document;
  - Selected practice standards: *Infection Prevention and Control, Ethics* and, for NPs, *Nurse Practitioner*
  - RN and/or RPN Entry-to-Practice Competencies, or NP Core Competency Framework.

# Next Steps

- Review CNO selected standards and resources
- Complete practice reflection
- Assess changes in the practice environment; advances in technology; ETP competencies; interprofessional care
- Keep documentation for two years

# Quality Assurance Program



# Resources

- Website [www.cno.org](http://www.cno.org)
- Quality Assurance Resources [www.cno.org/qa](http://www.cno.org/qa)
- Practice Inquiries (Practice Support Line)
  - 1-800-387-5526 (ext. 6397)
  - 416-928-0900 (ext. 6397)
  - [ppd@cnomail.org](mailto:ppd@cnomail.org)

### Teleconference Feedback Form

Thank you for participating in the *Quality Assurance: Self Assessment and Your Obligations* teleconference. Please take a few minutes to complete this feedback form. Your feedback is appreciated and will help us improve our process!  
You can also complete this form online at [http://www.cno.org/prac/learn/teleconferences/qa/qa\\_20100114.htm](http://www.cno.org/prac/learn/teleconferences/qa/qa_20100114.htm)

<b>Usefulness of teleconference to your nursing practice:</b>	<input type="checkbox"/> Very Useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Not very Useful	<input type="checkbox"/> Not at all Useful
<b>Please explain your answer:</b>				

<b>Satisfaction with CNO speakers':</b>	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	<b>Please explain your answer</b>
a) clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) responses to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>As a result of this teleconference, do you have a better understanding of:</b>				<b>Please explain your answer</b>
	Yes	No	Unsure	
a) the components of the new QA program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) the requirements for completing a learning plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) the resources available to support your participation with the QA program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What could CNO do to improve this teleconference for future participants? \_\_\_\_\_

Is there specific information about the QA program you would like to see covered in future teleconferences?

Other comments: \_\_\_\_\_

Type:

- NP
- RN
- RPN
- Other: \_\_\_\_\_

Your health care sector:

- Acute Care
- Community & Public Health
- LTC & Rehabilitation
- Mental Health & Corrections
- Paediatrics
- Other: \_\_\_\_\_

Your role in your organization:

- Nurse Practitioner
- Manager
- Administration
- Clinical Educator
- Clinical Nurse Specialist
- Other: \_\_\_\_\_

**Thank you for your feedback.**

Please fax the completed form to **416 928-9643** (attn: *Del Hersey*) by January 22, 2009