

Managing people

From job description to goal setting

Second article in a series on performance management.

This article builds on the first, published in the June *OR Manager*, which provided an overview of the elements of performance management (sidebar). This article focuses on the first 4 elements—the job description, initial competencies, orientation, and goal setting.

The foundation of an effective performance management system is a well written job description. In some health care organizations, the job description and performance evaluation form are one and the same. In other places, they are separate forms. In either case, the job description “becomes the foundation for the job evaluation,” says author Ed Yoder. “Having a solid appraisal system allows the employee to know what the expectations of the organization are in relation to job performance.”

The job description generally starts by identifying the position title and number, the department(s) that include this position, and the title of the person to whom the position reports. This introduction is followed by a job summary and the list of essential functions of the job. Essential functions for the staff RN include the steps of the nursing process: assessment, planning, implementation, and evaluation. Because the staff RN is also responsible for some aspects of leadership, this section should also include functions relating to delegation of care to other caregivers, patient advocacy through coordination of care, and shared governance activities.

Keeping a performance log

You may find it helpful to keep a running log for each employee using these essential functions as key points. The log is a big help when the time comes to actually write the individual evaluations. (See sidebar for an example of a log that can be kept throughout the year.)

The staff RN job description may be generic in some organizations because RNs work in many departments with many different responsibilities. If this is the case, specifics of the RN’s work in the OR may be included in an addendum to the job description, or you may choose to have a separate RN job description for the OR. Conversely, the job description for the surgical technologist (ST) can be specific to job function because all STs perform the same duties, even if they work in more than one department in the organization.

Behavior and qualifications

The job description may then go on to address behavioral aspects of the job that the organization has identified as necessary and needing to be reviewed. These statements will include aspects such as communication, integrity, respect, compassion, customer service, and attitude. The final section of the job description includes the position qualifications, detailing topics such as minimum and preferred educational requirements, registration and/or certifications required, and physical requirements.

(A sample RN job description, initial competencies record, and performance log are in the *OR Manager* Toolbox at www.ormanager.com.)

If the job description and performance evaluation are on the same form, the evaluation segment may be included after each essential function and behavioral aspect

Elements of performance management

1. Job description
2. Initial competencies
3. Orientation
4. Goal setting/
performance planning
5. Competency
assessment
6. Coaching, mentoring,
and recognition
7. Performance
evaluation
 - Self-evaluation
 - Peer evaluation
8. Performance
enhancement plan.

Performance log 2008 (sample)

Yearly goals	Date	*Essential function	Comment	Competencies	Date completed
Anable, Laurie, RN					
1. Circulate for 6 craniotomy cases in order to be able to do them on call without calling the backup neuro call person.	1/4/08	G	Noted that Laurie negotiated with charge nurse yesterday to be assigned to Dr L's craniotomy case today. She circulated on the case with the backup of the neuro team leader. I complimented her on her initiative in getting herself assigned to the case.	Electrocautery	3/31/08
	2/13/08	G	Laurie has circulated on 2 craniotomy cases on her own in the past 6 weeks. Stopped in room during case today, and she was well prepared, and case was running smoothly.	Diversity	6/13/08
	3/20/08	PL	Laurie made a point to go to preop today to review the details of the craniotomy patient for tomorrow. She then was observed reviewing Dr L's preference card in preparation for the case tomorrow.	Customer satisfaction	
	7/18/08		Dr L stopped in my office today and stated that Laurie is doing an excellent job circulating for his craniotomy cases. I passed this comment along to her.		
1. Learn the names of the instruments used for each neurosurgical procedure within 6 weeks so counting can be accomplished without the use of a written instrument list.	2/15/08	G	Observed Sue in the Education Room with an open pan of instruments studying the names. I complimented her on her initiative in using down time between cases to work on her stated goal.	Electrocautery Diversity Customer satisfaction	2/28/2008 7/1/2008

*Key to essential functions: PP=Professional performance, A=Assessment, PL=Planning, I=Implementation, E=Evaluation, L=Leadership, B=Behavioral, G=Goals.

and may include places for feedback, the rating, weight, and score.

If the performance evaluation form is separate from the job description, it most likely will reiterate the details of the essential functions and behavioral aspects as listed on the job description, with some additional detail about each function. The form will include the comment and rating section similar to the one discussed above.

OR manager's input needed

It's important for you as a manager in the OR and support departments to have input into the contents of the job description and performance evaluation for the

staff whose performance you will be evaluating. Human resources personnel have expertise in formatting the job description and assuring that it's compliant with HR law and regulatory guidelines. But you have the expertise to know the details of the skills and knowledge needed by OR staff. A collaborative process is essential for assuring that all necessary aspects are included.

Orientation and initial competencies

Several years ago, OR orientation for most facilities consisted of a preplanned curriculum that each orientee was exposed to, usually in a classroom setting and a supervised clinical setting. Dorothy del Bueno, RN, EdD, recognized by many as the guru of competency-based orientation, stated in an article in the *Journal of Nursing Administration* that "the learning experiences in a competency-based program are based on assessment of previous mastery and consist, to a great extent, of self-learning packages and other alternatives to traditional educational methods."

Since del Bueno wrote this article in 1981, orientation has completely changed in many organizations. It has become largely a self-directed program for meeting initial competencies. (See sidebar for an example of some of these competencies, as designated in the Perioperative Competency Statements chapter of AORN's 2007 *Standards, Recommended Practices, and Guidelines*.)

Using a form like the initial competencies record, new staff attend new employee orientation and then do a self-assessment of their needs to complete orientation. Through self-directed learning with facilitation by the staff educator, the orientee completes sections regarding safety, infection control, and anything else he or she must know before venturing into the OR. Over the next several weeks, the orientee rotates through surgical specialties and cases, always mindful of accomplishing the competencies outlined on the initial competency list. Orientees often can seek out their own learning needs by requesting assignment to cases in specialties to which they need exposure.

Setting goals

After completing orientation or at the first performance evaluation session, the manager and the staff member should set goals for the staff member to focus on for the next year.

You might ask, "What is the purpose of goals when the job description already outlines the essential functions of the job?" Essential functions outline the day-to-day work of the position. In contrast, goals set by the staff member in collaboration with the manager are usually specific to a set of skills or knowledge that needs to be gained over a period of time.

Why does a staff member need to set goals separate from the essential functions of the job? Performance management expert Dick Grote in his book, *The Performance Appraisal Question and Answer Book*, says, "Goal setting has consistently been demonstrated as a management process that generates superior performance." Goals should be action oriented, measurable, and within the staff member's control to attain. For example, a goal for a new ST who has just finished orientation may be to learn the names of the instruments used for each neurosurgical procedure within 6 weeks so counting can be accomplished without the use of a written instrument list.

Encouraging the staff to stretch

How can you make sure you and the staff member agree about the goals to be set? Your best listening and negotiating skills need to be used in this situation. Many people are comfortable setting goals they know can easily be attained. This is true especially if there is some kind of incentive, whether financial or other form of recognition. Your job as the manager is continually to strive to provide an environment in which your staff attain higher levels of performance. You may have to push staff harder to get them to set goals that require a bit of a stretch to attain.

Listing goals on the performance log that is kept all year long is a good way to review the goals and to work informally with staff throughout the year to assure steps are being taken to attain them.

Staff who have been oriented through a self-paced, personalized initial compe-

tency program and then have specific goals set to achieve are more likely to perform at a higher level on a daily basis. Reflect on your own performance for a minute: Do you do a better job when you wake up in the morning knowing exactly what you need to accomplish today? Or do you do better without any defined parameters for the day? Most people do better with the former scenario.

The next article will focus on on-going competency assessment and how it relates to staff performance and quality initiatives within the surgical services arena. ❖

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A sample RN job description, initial competencies record, and performance log, are in the *OR Manager* Toolbox at www.ormanager.com.

References

- Association of periOperative Registered Nurses. 2007 *Standards, Recommended Practices, and Guidelines*. Denver: AORN, 2007.
- del Bueno D, Barker F, Christmyer C. Implementing a competency-based orientation program. *J Nurs Admin*. 1981;11(2):24-29.
- Grote D. *Performance Appraisal Question and Answer Book: A Survival Guide for Managers*. New York: American Management Association, 2002.
- Yoder E. Job descriptions and evaluations. *Radiol Manage*. 2006;28(5):54-57.

Sample competency statements

Examples from AORN's Perioperative Competency Statements:

- The perioperative registered nurse demonstrates the ability to establish an environment of safety for the surgical patient.
Outcome example: The patient is free from signs and symptoms of injury caused by extraneous objects.
Measurable criteria example: Confirms identity before the operative or invasive procedure.
- The perioperative registered nurse demonstrates the ability to assess, diagnose, implement, and evaluate treatments and procedures that contribute to the physiological stability of the surgical patient.
Outcome example: The patient is free from signs and symptoms of infection.
Measurable criteria example: Protects from cross-contamination.
- The perioperative registered nurse demonstrates knowledge about the psychologic, sociologic, and spiritual responses of patients and their families to the operative or other invasive procedure, including participation of patients in their recovery.
Outcome example: The patient demonstrates knowledge of the expected responses to the operative or invasive procedure.
Measurable criteria example: Identifies barriers to communication.

- The perioperative registered nurse supports patients' rights and ethics by delivering consistent, competent, and ethical care, within legal standards of practice, while maintaining privacy and support of the patient's value system.

Outcome example: The patient participates in decision making affecting the perioperative plan of care.

Measurable criteria example: Verifies consent for planned procedure.

Source: Association of periOperative Registered Nurses. 2007 Standards, Recommended Practices, and Guidelines. Denver: AORN, 2007.