

Competency-based orientation of Magnet® program directors

MPD preparation is the first step in the journey.

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American Nurses Credentialing Center (ANCC) Magnet® designation recognizes healthcare organizations for patient care and nursing excellence as well as innovative nursing practice. Organizations on the Magnet journey need a dedicated Magnet program director (MPD) to successfully lead them toward designation and ensure they maintain it. ANCC guidelines for the MPD position state that organizations must appoint a single source of communication and contact for the process. However, no specific published requirements for the role exist.

MPD onboarding and orientation can be challenging because it's a single role within the organization and the previous MPD may no longer be present to ensure a smooth transition. Organizations frequently promote staff who exhibit strong leadership skills, but may lack knowledge of the Magnet components and standards. To ensure MPD and Magnet submission success, organizations should develop a detailed orientation program.

MPD role

As of March 2021, 552 Magnet facilities represent approximately 9% of U.S. hospitals. However, many more hospitals may be actively pursuing Magnet designation and have a formal MPD responsible for overseeing the program.

Serving as an MPD can be overwhelming, especially if no one else in the organization has experience in the role. Some states and regions have consortiums for networking, some healthcare systems have former and current MPDs who support and mentor one another, and the Magnet website includes guidance resources, including a new MPD checklist. Recently, robust discussion on private Magnet listservs have focused on the need to create and share a formal MPD orientation competency for successful onboarding.

Developing a new MPD competency model

MPD orientation at our 12-hospital healthcare system in the mid-Atlantic used a standard checklist of tasks, information, and data sources. It included reviewing the current Magnet manual and website, data collection tools, clinical benchmark and nursing and patient

satisfaction vendors, nurse-sensitive clinical indicators, document preparation, professional practice domains (care delivery models, professional practice model, shared governance structures), nursing research activities, and site visit logistics. The checklist had been updated over the past decade to meet changing Magnet requirements.

To align with the Magnet model components with in transition to practice, we saw an opportunity to advance MPD orientation from a checklist focus to a competency-based outcome assessment.

Literature review

We started with a literature review (using the key words “Magnet program director,” “competency,” and “orientation”) to guide our development of a new MPD orientation and competency tool. Little literature on the MPD role and innovative competency-based orientation models exists. Martin and Holskey, however, note that MPD succession planning has an impact on data collection, shared governance, mentoring, operations, document preparation, and site visit coordination. Lavin’s description of the role includes the ideal structure for reporting to the chief nursing officer and its importance in cultural development and as an organizational change catalyst. A 2015 survey by Winslow and colleagues noted that one-third of MPDs in Virginia indicated they received no formal orientation. Most were self-taught.

Collaboration

MPDs and education leaders within the health system, representing nine Magnet-designated organizations, collaborated to transform the checklist into a competency validation tool. We based the new tool design on the Martin and LaVigne Nurse Development Resources® Benchmark, a standardized, evidence-based tool for assessing and documenting a transitioning nurse’s readiness to practice.

The new MPD competency tool uses a design that promotes progression toward independence and incorporates concepts from current nursing competency theorists. It also includes the fundamental Magnet components (transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvement, and empirical outcomes) and familiarity with the Magnet manual and Magnet website resources. In addition, we integrated several competencies from the American Organization for Nursing Leadership (AONL), including communication, knowledge, leadership, professionalism, and business skills.

The tool defines each benchmark through an overarching competency outcome statement that’s supported by purpose-driven objectives and defined by actions and activities for achieving independence. It also includes suggested verification methods. (See *Benchmark overview*.)



Benchmark overview

The Magnet® program director competency tool sets the following benchmarks:

- Demonstrate an overall understanding of Magnet and its impact within the organization.
- Demonstrate transformational leadership qualities by instilling vision and guiding nurses to embrace change for improved outcomes.
- Facilitate and promote shared governance structures to endorse a culture of structural empowerment.
- Model and influence professional nursing practice development to promote exemplary professional practice.
- Advocate for integration of nursing research and evidence-based practice to promote outcome improvements and new knowledge innovation.
- Navigate (access, review, retrieve) and analyze data from locations and repositories necessary to support empirical outcomes.

Competency validation

The Magnet® program director competency tool uses a variety of methods to assess competency and validate completion of orientation benchmarks. Here are some of them:

- case studies
- direct observations
- evidence of daily work
- exemplars
- group discussions and demonstrations
- mock events/surveys
- monitoring and reviewing reports or documentation
- peer review
- performance reviews
- presentations
- return demonstrations
- self-assessment
- simulation
- teach-back
- tests/quizzes/exams
- verbal feedback.

Magnet[®] program director competency tool: Empirical outcomes

This sample of a competency tool is for empirical outcomes. The competency outcome statement is: The Magnet Program Director navigates (accesses, reviews, retrieves) and analyzes data from locations and repositories necessary to support empirical outcomes for Magnet designation.

Degree of dependency	1 Fully dependent	2 Maximum dependence	3 Moderate dependence	4 Minimum dependence	5 Independent	
Date/Initials	____/____	____/____	____/____	____/____	____/____	
Objective: Assume or oversee quarterly Patient Quality National benchmark data entry processes and demonstrate understanding of benchmarks and definitions.						Date
Actions/activities <ul style="list-style-type: none"> Notify NSCI vendor(s) of contact and review site license, noting renewal dates and fees. Traverse national benchmark vendor website. Join quality improvement council(s). Confirm data sources, unit management, and reporting. 		Verification methods <ul style="list-style-type: none"> <input type="checkbox"/> Complete required vendor nursing quality benchmarking on-line modules (TQE). <input type="checkbox"/> Initiate and participate in stakeholder meetings to <ol style="list-style-type: none"> 1) confirm sources of data and unit management (GD) 2) confirm reporting structure/setting/dashboard processes (GD, DOC). <input type="checkbox"/> Verbalize overview of benchmarks, including relation to Magnet quarterly performance requirements for Empirical Outcomes (V). 				Date
Objective: Familiarize self with additional data collection resources.						Date
Actions/activities <ul style="list-style-type: none"> Access and review patient satisfaction national vendor website. Familiarize self with unit nursing dashboards and processes. Access and reference patient outcomes. 		Verification methods <ul style="list-style-type: none"> <input type="checkbox"/> Retrieve data reports for <ul style="list-style-type: none"> <input type="checkbox"/> education/certification (DOC) <input type="checkbox"/> NSCI/national benchmark vendor (DOC) <input type="checkbox"/> patient satisfaction (DOC) <input type="checkbox"/> nursing satisfaction (DOC). <input type="checkbox"/> Verbalize overview of data collection resources, including relation to Magnet requirements for Empirical Outcomes (V). <input type="checkbox"/> Review past Magnet document submission writing for Empirical Outcomes (DOC), if available (<input type="checkbox"/> N/A). 				Date

Degree of dependence: 1 = Dependent on other(s) 100% of time; 2 = Maximum dependence on other(s) 75% of time; 3 = Moderate dependence on other(s) 50% of time; 4 = Minimum dependence on other(s) 25% of time; 5 = Independent 100% of time

DOC = monitoring and reviewing reports of documentation, GD = group discussions and demonstrations, NSCI = nurse-sensitive clinical indicator, TQE = tests/quizzes/

Validating competency

This migration toward competency-based onboarding cultivates an autonomous, self-paced learning environment that preserves the subject-matter expert dynamic required for MPD success. To address the lone position of most MPDs, the competency tool was designed with independent accountability in mind. The MPD validates their own competencies for each Magnet domain using standard orientation processes, benchmarks, and myri-

ad other strategies (See *Competency validation*.)

The MPD's supervisor monitors the completion of the overall process and periodically evaluates the MPD until they can function independently. (See *Magnet[®] Program Director competency tool: Empirical outcomes*.)

New model success

The new tool was successfully validated by five sea-

soned MPDs who led multiple Magnet designation outcomes for their organizations. It's been used to onboard several new MPD colleagues with clear focus on the leadership competencies required to successfully lead the Magnet process and the professional practice, data outcomes, and Magnet document creation.

MPDs in settings without prior Magnet experience may need to navigate their own onboarding and champion access to resources, experiences, asynchronous education, and mentorship outside of their organization.

This tool is ideal for MPDs who have a year or more before designation or redesignation. However, many MPDs are appointed less than a year before documentation submission or after submission and before the on-site visit. In those situations, using this tool may not be feasible.

Looking ahead

The MPD competency tool closes an identified gap and serves as one component of helping organizations achieve Magnet success. We'll continue to evaluate the tool for usefulness and make modifications as the MPD role is revised and refined to meet Magnet expectations.

MPDs at our health system are finalizing plans for a formal mentorship program to complement the competency tool and help increase MPD confidence and

motivation as well as support retention. Currently, mentorship is informal, but we've identified a need to match each new MPD with a fellow MPD, taking into account both nurses' schedules and timelines for designation or redesignation. Our health system is large enough to provide internal mentorship, but a smaller or single hospital MPD could pursue mentorship from an MPD in another organization. In our experience, MPDs across the nation are happy to share their time and talents with others.

Magnet excellence is a journey of innovation, creativity, and best practices. Seasoned MPDs attest to the positive difference the Magnet experience has had on their own lives as well as those of their fellow nurses and patients. Setting up MPDs for success is step one of that journey. **AN**

Access references at myamericannurse.com/?p=299468.

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