Orientation Readiness Job Aid: The 3 Domains

Use when you plan or review an orientation. A signed checklist shows a task was done once, not that the orientee is ready.

Time-based vs. competency-based

Time-based: ends when the scheduled weeks are done. Same length for everyone. Readiness is assumed once time has passed and the checklist is signed.	**Competency-based:** ends when the orientee shows safe practice on this unit with these patients. Planned time frames still guide the work, but length flexes and readiness is verified.

The three domains

Domain	Look for	Methods that fit	A method that misses
Technical	Safe hands-on performance: equipment, procedures, and steps done correctly.	Return demonstration, direct observation in practice or simulation, a test for the knowledge behind the skill.	Class attendance. Being present does not show the skill.
Critical thinking	Prioritizes competing needs, recognizes a changing patient, knows when to escalate.	Case studies, exemplars (a written story of a real situation), reflective discussion with the preceptor.	Return demonstration. It shows the task, not how the decision was made.
Interpersonal	Clear escalation, focused handoff, speaks up about safety, works well with the team.	Observation of real interactions, peer review or feedback, mock events such as a simulated rapid response or handoff.	Written test. Knowing handoff steps is not giving a clear handoff.

Match it, then act

Every competency lives mostly in one domain. Name the domain first, then pick a method that fits it. No single method captures all three domains, so a sound orientation uses a combination (Wright, 2021). If a domain is **Not verified** or only **Partly** verified, start there. If two tie, work in this order: **Critical thinking, Interpersonal, Technical**.

My verification notes

Orientee or program: _____ **Unit:** _____ **Date:** _____

Competency	Domain: circle T, CT, or I	Current method	Better-matched method, owner, and due date
	T / CT / I		
	T / CT / I		
	T / CT / I		
	T / CT / I		

Red flags to act on this week

- Every item is signed off, but the preceptor is not comfortable leaving the orientee on their own.
- The only evidence for prioritizing, escalating, or handoff is a checklist signature.
- Orientation is being extended with more time but no change in how readiness is checked.
- An experienced nurse new to the specialty is on a shortened plan based on years of experience alone.

Why it matters: The Joint Commission's human resources standards expect organizations to orient staff and to confirm that staff are competent for their responsibilities (HR.01.04.01 and HR.01.06.01). Matching the method to the domain is how you show readiness, not just time served.

Dr. Kai M. Nissen, DNP, RN, NPD-BC®, CNOR®, LSSGB

Published by Elevate NPD | elevatenpd.org | © 2026 Elevate NPD LLC. All rights reserved. For educational use. No contact hours awarded.
Credits: three domains of competency and multiple verification methods from Donna Wright (2021), The ultimate guide to competency assessment in health care (4th ed.), Creative Health Care Management, described in our own words; orientation and competence standards from The Joint Commission (2026), HR.01.04.01 and HR.01.06.01.
AI acknowledgement: developed with assistance from Claude by Anthropic; reviewed and approved by Dr. Kai M. Nissen.
Not affiliated with, endorsed by, or sponsored by ANPD, ANCC, The Joint Commission, Creative Health Care Management, or Anthropic. The Donna Wright Competency Assessment Model™ is a trademark of Creative Health Care Management. CNOR® is a registered trademark of CCI. NPD-BC® is a registered trademark of ANCC. Claude is a trademark of Anthropic, PBC.