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Competency assessment tools: An exploration of the pedagogical issues facing competency assessment for nurses in the clinical environment



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Summary Competency assessment is a paradigm that is common in the healthcare environment and this being particularly true within the nursing profession. Demonstration of competence is necessary to meet the requirements of healthcare organisations and is a mandated requirement of nurses by the Nursing and Midwifery Board of Australia. Within the nursing education sector, one approach to determine competence, is through the use of competency assessment tools. Despite widespread use of competency assessment tools there remains ongoing concerns relating to the efficacy of competency assessment tools as a mean to demonstrate 'competency' amongst enrolled and registered nurses in the clinical environment. The authors of this paper ascertain that competency assessment tools run a serious risk of being nothing more than a 'quick-fix' means of assessment to demonstrate 'nursing competence' required for key performance indicators and clinical governance and that will provide evidence for accreditation standards. Based on this premise, the authors, provide an alternative approach to the use of competency assessment tools that moves away from a 'tick-box' approach to a 'patient-centred' competency model. This approach increases the reliability and validity of competency assessments, allows for the recognition of the knowledge, skills and experience of individual nurses, offers a more satisfying and rewarding approach to demonstrating 'competency' for nurses and finally, demonstrates 'real-life' competency.

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Introduction

Competency-based assessments in nursing education are a paradigm in both undergraduate and postgraduate nursing (Butler et al., 2011; Cowan, Norman, & Coopamah, 2007; Klein, 2006). Since the introduction of the Australian Competency Standards for Registered Nurses and more recently the Ten National Safety and Quality Health Service Standards (Australian Commission on Safety and Quality in Healthcare [ACSQH], 2011) there has been a greater and refocused interest in competency-based assessments to provide evidence of safe patient care and nursing competence. Standard One of the National Safety and Quality Health Service Standards: *Governance for Safety and Quality in Health Service Organisations* requires health care facilities to use competency training in the clinical environment to ensure quality patient care and patient safety (ACSQHC, 2011). While there are a variety of methods used on how clinical competency is demonstrated, assessed and evaluated (Alison Evans Consulting, 2008; Carney & Bistline, 2008), one approach predominately being used and gathering momentum is 'competency assessment tools'. Competency assessment tools can be traced back to Bondy's (1983) 'five-point Bondy rating scale', and competency assessment tools have been used particularly in undergraduate nursing education in Australia for over the last decade (Rebeiro, Jack, Scully, & Wilson, 2013; Tollefson, 2001, 2013). Two key and crucial elements to ensure that competency assessments tools effectively measure nursing competence is that they are both reliable and valid and reflect the 'real-life' clinical environment (Alison Evans Consulting, 2008; Butler et al., 2011; Carney & Bistline, 2008; Chiarella, Thoms, Lau, & McInnes, 2008; Yanhua & Watson, 2012), and while competency assessment has been regarded as seemingly straightforward, there are many subjective components to competency assessment that directly impact their reliability and validity (Alison Evans Consulting, 2008; Carney & Bistline, 2008; Girzadas, Clay, Caris, Rzechula, & Harwood, 2007).

Despite such widespread use, paucity in the literature remains regarding competency assessment amongst nurses in the clinical environment. Competency assessment in the clinical environment is a complex issue. This is related to the concept of 'competency' being more difficult to measure due to the diverse role of nursing, which encompasses, not only, the psychomotor aspects of nursing, such as assessing, planning, implementing and evaluating patient care (Estes, Calleja, Theobald, & Harvey, 2013), but the 'hidden' aspects of nursing or more commonly known as the 'art' of nursing (Benner, 1984). Competency assessment amongst nurses in the clinical environment is additionally presented with different challenges than is in undergraduate nursing due to the varied level of knowledge and skill mix of clinically practicing nurses, this including the increasing number of overseas trained nurses new to Australia and the increasing utilisation of casual and agency nurses (i.e. Hennerby and Joyce (2011) found 18% of agency nurses fell below the competency baseline standard). Competency assessment is additionally complicated through the lack of formal training for assessors; ongoing heavy workloads and staffing shortages, the impact of shift-work, the difficulty assessing

permanent night-shift nurses and finally tangible and non-tangible constraints (Hennerby & Joyce, 2011). All of these factors can significantly and detrimentally impact competency assessment of nurses (Butler et al., 2011; Cowan et al., 2007). With the concept of competency assessment being a complex issue and the increasing trend to use clinical assessment tools to determine 'competency', the question that must be answered is whether competency assessment tools have become a 'quick-fix' and a 'tick-box' assessment method in the clinical environment? The aim of this discussion paper is draw on the literature from within nursing and other health professional literature to offer nurse educators in the clinical environment an alternative pedagogical approach when using competency assessment tools that increases the reliability and validity of the competency assessment tool, offering a more multi-faceted and pedagogical sound approach to the concept of 'competency', is more satisfying for the assessor and assessee and finally, is more 'patient-centered'.

Defining competency

Competence is viewed as the ability to perform a work role to a defined standard with reference to real working environments that ideally includes a person's ability to demonstrate their cognitive knowledge, skills, behaviours and attitudes in any given situation (Boritz & Carnaghan, 2003; Ilic, 2009). While the Nursing and Midwifery Board of Australia (2006, p. 10) define competence as "the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in professional/occupational area", nurses can demonstrate overall competency in their relevant field through four competency assessment steps including; (i) knowledge, (ii) competence related to a specific task, (iii) performance, and (iv) action (Ilic, 2009). Underpinning of these performance-based principles is the necessity that competency assessment tools assess problem-solving skills, such as the ability to critical think and apply clinical judgement and reasoning skills (Bondy, 1983; Ilic, 2009; Tanner, 2006).

The concept of 'competency' in healthcare is the foundation for quality patient-care outcomes, patients rightly expect competent care (Carney & Bistline, 2008), if not nursing excellence. The philosophy of 'competency' within nursing relates to the inter-relationship of knowledge, skills, attitudes and clinical judgement by nurses to be able to safely care for patients through evidence-based practices (Butler et al., 2011; Chiarella et al., 2008; Cowan et al., 2008; Ilic, 2009; Kubin & Fogg, 2010; Wolfensperger Bashford & Shaffer, 2012; Yanhua & Watson, 2012). Furthermore, Benner (1982) describes how 'real-life' competency is demonstrated through the ability of a nurse to perform a set task with desired outcomes under varying clinical circumstances.

Pedagogy principles underpinning competency assessment

Assessing competence in nursing can be challenging as nursing involves complex interpersonal knowledge and clinical judgement measures (i.e. in the form of noticing,

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