



EDUCATION ISSUE

Clinical competence of neonatal intensive care nursing students: How do we evaluate the application of knowledge in students of postgraduate certificate in neonatal intensive care nursing?



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Abstract This paper represents preliminary research into understanding the context of competence in post graduate student nurses undertaking any certificate in neonatal intensive care in Australia. The paper explores literature that discusses the evaluation of clinical competence in nursing.

Two main themes emerged from this review. Firstly there is confusion regarding the terminology around *competence*, *competent*, *competency* and *competencies* which has contributed to the use of unreliable and invalid evaluation methods. Secondly, the three most common methods used to evaluate *competence* (direct observation, self-assessment and practice portfolios), lack reliability and validity; the processes are subjective and assessors may be making judgements on imperfect evidence.

The review demonstrates there is no clear consensus on the concept of competence for nursing students undertaking postgraduate education neonatal intensive care in Australia. It is necessary to contextualise competence for neonatal intensive care nursing students, to generate evidence for valid and reliable evaluation of clinical performance.

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Postgraduate nursing education in Australia is taught face-to-face, online or blended (face-to-face/online) by tertiary institutions (college or university) and students are supported in practice by clinicians within the specialty area. This flexibility allows registered nurses to undertake further education without the need to leave their particular clinical area.

Specialty clinical areas, such as neonatal intensive care, require proficient nurses with skills specific to the job. It is vital therefore to have reliable and valid methods to evaluate clinical competence. Ordinarily, clinical competence is assessed within the clinical practice setting by practicing clinicians. However, in today's time poor, understaffed, high acuity clinical areas, this obligation poses a number of difficulties for clinicians, students and educational institutions (Buckingham, 2000; Fisher and Parolin, 2000; Paul, 2010). The challenges of making valid and reliable assessments on students' competence is further complicated when students are studying at a distance (Forsberg et al., 2011).

This paper will explore the evaluation of clinical competence in nursing. It will firstly consider the terminology related to *competence*, *competent*, *competency* and *competencies*. It will compare the concept of competence from the perspectives of the profession, to the patients and the families. It will then analyse and critique three contemporary methods commonly used to evaluate competence; direct observation, self-assessment and practice portfolios. Finally it will provide recommendations for further research, in order to develop valid and reliable methods to evaluate clinical competence in nurses undertaking neonatal postgraduate studies in Australia.

This review is preliminary work to research into developing an understanding of the context of competence in post graduate student nurses undertaking a certificate in neonatal intensive care in Australia. Although this research will be situated within the Australian context, it is hoped the findings from this research will inform, on an international level, the concept of competence for students undertaking further education in neonatal intensive care nursing.

Benner's (1984) seminal work, *'From Novice to Expert'* describes the development of competence as a gradual process (novice, beginner, advanced beginner, competent, and proficient expert) and there is facility to track development and improvement in practice. Benner's (1984) philosophy of novice to expert underpins the rationale for many of the methods currently used into evaluate clinical competence in nursing.

However many traditional forms of assessment are subjective and as such, unreliable (Buckingham, 2000). Practicing clinicians may not be well supported or prepared for assessment of competence, making them reluctant to fail students (Heaslip and Scammell, 2012; Redfern et al., 2002) and this increases the possibility of grade inflation (Donaldson and Gray, 2012). Then there is the *halo effect*, where knowing and working together, has the potential to positively bias the assessments (Redfern et al., 2002). Evidence also suggests that assessing within the clinical setting affords inconsistent contexts resulting in poor interrater reliability (Donaldson and Gray, 2012), where the more experienced or expert clinician will approach assessment differently from their less experienced counterpart (Donaldson and Gray, 2012; Govaerts et al., 2011). Evaluation tools are complex and difficult to use (Buckingham, 2000) resulting in many healthcare facilities devising their own methods of assessment, raising further concerns of validity and reliability (Redfern et al., 2002).

Problematizing competence

Much of the problem with evaluating clinical competence in nursing has been the confusion as to the definition of competence (Buckingham, 2000). The terms *competent*, *competence*, *competency* and *competencies* have often been interpreted as the same thing. It has been implied that competency 'is', whereas competencies are the skills to be assessed and, if successful in demonstrating these competencies, the nurse can be deemed competent (Tzeng, 2004). This ambiguity in terminology has had an influence on the *measurement* of competence and led to the emergence of unsystematic, unreliable and un-validated evaluation tools (Calman, 2006; Evans, 2008; Redfern et al., 2002; Watson et al., 2002; Wilkinson, 2013).

Defining competence from the profession's perspective

The Nursing and Midwifery Board of Australia (NMBA) (2006) Competency Standards for the Registered Nurse suggest the registered nurse demonstrates competency through a variety of ways, such as the having the ability to critically analyse a clinical situation and use evidence-based knowledge in the application of skills within the clinical environment. The Australian Standards for Neonatal Nurses 3rd edition (Australian College of Neonatal Nurses 2012) state:

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