
SECTION I

Competency assessment and validation

This section provides an overview of the competency movement and describes how the educational competencies and corresponding performance criteria in this book were developed. It describes the framework for the competencies and outlines methods that can be used to validate competence.



Overview of the competency movement

Learning objective

After reading this chapter, the participant should be able to

- discuss key components of competence and competency-based education

Key concepts

Before beginning a discussion of nursing professional development educator competencies, it is important to first discuss the key concepts and definitions. Most of these concepts have been defined by the American Nurses Association (ANA) in their *Scope and Standards of Practice for Nursing Professional Development*.

Competence: A person's capacity to perform his or her job function.

Competency statement: A statement that describes a general or broad area of behavior/performance that is requisite for being competent in a particular role and work setting.

Continuing competence: Ongoing professional nursing competence according to level of expertise, responsibility, and domains of practice, and as evidenced by behavior based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope of policy, code of ethics, standards, guidelines, and benchmarks that ensure safe performance of professional activities.

Continuing education: Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contribution to quality healthcare and their pursuit of professional career goals.

Nursing professional development: The lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goals.

Nursing professional development educator: A registered nurse whose practice is in nursing education and who facilitates lifelong learning in a variety of healthcare, educational, and academic settings.

Performance criteria: Statements that define the critical or essential behaviors that represent a particular competency. These outcomes require integration of learning and application of that learning.

Staff development: The systematic process of assessment, development, and evaluation that enhances the performance or professional development of healthcare providers and their continuing competence, according to the National Nursing Staff Development Organization (NNSDO).

Why is competence important?

Continuing competence is an issue that affects nurses in all practice settings. Society demands that nurses demonstrate their competence, and increased pressure from multiple healthcare regulatory agencies and the public necessitates comprehensive evaluation of staff competency. In addition, the emphasis on evidence-based practice has created increased scrutiny of clinicians and their preparation.

The issue of continued competence will remain a challenge to the health profession for many years. With the never-ending changes in science and technology, the healthcare environment, patient expectations, and regulations, health professionals need to attain and maintain competence throughout their careers. However, definitions of competence and strategies to document competence vary, and there is little evidence to support specific, successful methods for validating competence.

What is competence in nursing?

The focus on competence in nursing is a worldwide phenomenon. Dickenson-Hazard outlined several competence-related themes from a series of global conferences sponsored by the Sigma Theta Tau International Honor Society of Nursing (Dickenson-Hazard 2004). Themes included

- instituting core competencies and standards for professional nursing practice
- developing nurses' competency to assess and use technology
- developing nurses' competency to effectively apply health information
- promoting lifelong learning systems for nurses
- creating evidence-based nursing models
- developing innovative strategies to educate patients, communities, and nurses

Most writers agree that competency is about what someone can do. Competency involves both the ability to perform in a given context and the capacity to transfer knowledge and skills to new tasks and situations. Performance criteria can be used to outline the steps that must be taken to achieve competency.

The role of nursing professional development educators

One of the responsibilities of nursing professional development (NPD) educators is to assess the competencies of nursing staff members. NPD educators play an important role in promoting lifelong learning for nurses and documenting the competence of nursing staff members. These educators build on the education and experiential bases of nurses throughout their professional careers, working toward the ultimate goal of ensuring quality healthcare for the public.

Competency-based education

Competency-based education (CBE) is one approach that NPD educators use to assess and validate competence. CBE reflects a pragmatic concern that nurses are able to *do* a task, rather than simply *know* how to do a task. Competency models began to evolve during the 1960s as an approach to education, and today CBE models constitute a widely applied approach to validating competence. With CBE, learning is self-directed, which allows educators to act as facilitators to promote learners' goals. The CBE approach is compatible with adult developmental needs.

Common characteristics of CBE include a learner-centered philosophy, real-life orientation, flexibility, clearly articulated standards, a focus on outcomes, and criterion-reference evaluation methods. CBE emphasizes outcomes in terms of what individuals must know and be able to do, and allows flexible pathways for achieving those outcomes. A comparison of CBE and traditional education is provided in Figure 1.1.

FIGURE 1.1 Comparison of competency-based education (CBE) and traditional education

Characteristic	CBE programs (Learner-centered)	Traditional education (Teacher-centered)
<i>Basis of instruction</i>	Student outcomes (competencies)	Specific information to be covered
<i>Pace of instruction</i>	Learner sets own pace in meeting objectives	All proceed at pace determined by instructor
<i>How to proceed from task to task</i>	Master one task before moving to another	Fixed amount of time on each unit/module
<i>Focus of instruction</i>	Specific tasks included in role	Information that may or may not be part of role
<i>Method of evaluation</i>	Criterion referenced	Normative referenced

Source: Barbara Brunt, 2004.

Benefits of a competency-based approach include

- encouraging teamwork
- enhancing skills and knowledge
- increasing staff retention
- reducing staff anxiety
- increasing productivity
- improving nursing performance
- ensuring compliance with The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations) standard that requires that all members of the staff are competent to fulfill their assigned responsibilities

The American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program® objectives include promoting quality in a milieu that supports professional nursing practice and promoting positive patient outcomes. Magnet-designated hospitals' focus on outcomes and involvement of nurses in the decision-making process is consistent with the tenets of the CBE approach for individuals.

Evidence-based practice

Just as nurses are encouraged to use evidence-based data in their clinical practice, educators need to base their practice on current evidence. One way of determining if educators are fulfilling their responsibilities is to identify if competencies expected in their role are based on research or evidence of best practice.

According to Melnyk, evidence-based practice (EBP) is a problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values, and patient preferences (Melnyk 2004). This definition not only incorporates research data, but also acknowledges patient values. The current focus on EBP has caused increased scrutiny of clinicians and their preparation.

Why is there such an emphasis on EBP? First and foremost, it can lead to better patient outcomes, but it also is a response to pressures for cost containment from payers and healthcare facilities. If better and more efficient treatments are incorporated into practice, then the length of stay should decrease, as well as overall costs.

Another reason for the focus on EBP is that consumers today are much more knowledgeable about treatment options. For example, it is not uncommon for patients to go to the Internet to find out more information about a specific disease, test, or treatment.

Ultimately, EBP provides opportunities for nurses to be more effective, and it acknowledges the value of nursing clinical judgment. Advantages of EBP are outlined in Figure 1.2.

FIGURE 1.2 Advantages of evidence-based practice

Produces better patient outcomes and/or educational outcomes
Responds to pressure for cost containment from payers, healthcare facilities, and educational administrators
Acknowledges increased consumer awareness of treatment and care options and learners' savviness regarding educational strategies
Provides opportunities for nursing care and nursing education to be individualized, streamlined, more effective, and dynamic
Acknowledges the value of clinical judgment and critical thinking

Cileska et al. described a research study relating to the frequency with which staff nurses used various sources of knowledge (Cileska et al.2001). The top six sources were

1. experience
2. information learned in nursing school (although the average time since completion of a basic program was 18 years)
3. workplace sources
4. physician sources
5. intuition
6. past usual practice

Information from textbooks and journals ranked in the bottom six sources. The staff nurses were also asked to identify the one most common source from which they learned about research findings. Although 39% identified nursing journals, additional analyses showed that the primary journals the nurses read were not research journals but practice-focused journals published by professional nursing organizations.

Nursing is a complex profession, requiring a good knowledge base and critical-thinking skills. The function of nursing education is to produce a competent practitioner, adept in basic knowledge and with the ability to apply critical thinking. Nurse educators must address a wide range of

skills and assist nurses in their integration of theory and practice. New approaches to education and practice should be based on research and evidence of best practices. NPD educators need to conduct research and utilize research findings on the best approaches to education and documentation of competency.

Competencies for nursing professional development educators

We need to ensure we are using evidence of best practices in all aspects of nursing, including education. Historically there has been little documentation of whether educators are using research-based methods or are competent to do the tasks with which they are entrusted.

There has been little research undertaken or articles published detailing specific competencies for NPD educators. Gordon and Franklin described how they developed an orientation to help prepare staff nurses for a clinical educator role (Gordon and Franklin 1993). However, the only topics that were outlined were principles of adult education and teaching strategies, performance checklists, needs assessments, and self-learning modules. As all staff educators know, the NPD educator role is more comprehensive than that.

Similarly, Kotecki and Eddy outlined how an orientation program was developed for staff development (SD) educators (Kotecki and Eddy 1994). The program identified only six competencies for this orientation, focusing on communication, clinical practice, needs assessments, developing an educational program, teaching, and determining if staff educational needs were being met. Although these are important competencies, they do not reflect the full scope of the nursing professional development educational role, as defined by the ANA's *Scope and Standards of Practice for Nursing Professional Development*.

Johnson detailed the development of competencies based upon the 1994 edition of the ANA's *Standards of Practice for Continuing Education and Staff Development*, and Benner's work reflected levels of practice and challenged educators to attain levels of excellence in practice (Johnson 2002). Use of these competencies involved a professional review process, components of peer input, self-evaluation, and portfolio development, but did not include research-based performance criteria. Vezina et al. described a competency-based orientation for clinical staff development educators involving an orientation manual, a guidebook, tracking forms, a teaching

assessment, and a preceptor report (Vezina et al. 1996). Although these tools may help with educational competencies, they do not provide specific performance expectations for particular competencies.

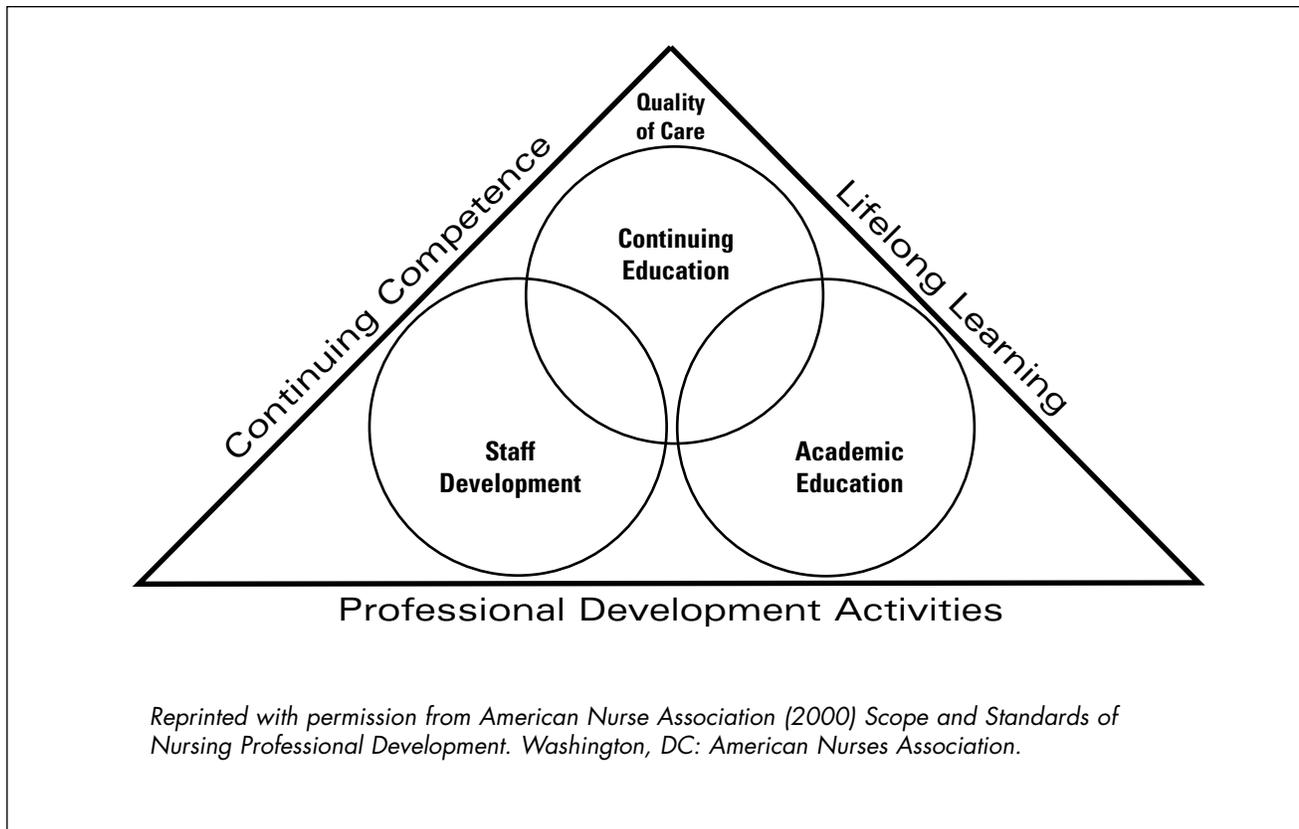
Difference between NPD competencies and academic educator competencies

Nursing professional development activities exist in the domains of continuing education, staff development, and academic education. Academic education refers to those courses taken in colleges or universities after the basic nursing education program. Academic courses may or may not lead to a degree or completion of a certificate program.

Continuing education, staff development, and academic education overlap as nurses select the most effective way to meet their professional development needs and as educators engage in their practice roles. Academic education may be accessed to pursue a specific course of study for a degree or certificate or as individual courses through which to update one's knowledge in a particular area. Continuing education can be part of staff development or part of a formal academic program. Staff development can include continuing education activities, academic education, or both, as preparation for a particular role. This relationship is demonstrated in Figure 1.3 on page 12.

Although some aspects of the educational role are similar across all settings, differences exist in competencies expected in the NPD role and competencies expected of an academic educator in a university setting. The educational process does not change with the setting, so the competencies specific to assessment, planning, implementing, and evaluating educational activities would be the same. Some of the differences are noted below.

Academic educators most frequently are working with a group of students enrolled in an educational program over a preestablished period of time, usually a semester or quarter. These educators interact with the same group of students throughout that period, and can build on previous sessions as students progress through the curriculum. NPD educators frequently deal with participants in a single session, or for very short periods of time. This makes it more difficult to build on information provided in previous sessions.

FIGURE 1.3 Framework for Nursing Professional Development


The National League for Nursing (NLN) identified core competencies of nurse educators. This effort arose from a Think Tank on Graduate Preparation for the Nurse Educator Role held in December 2001. Members of the Think Tank included faculty and administrators from associate degree, baccalaureate degree, and graduate nursing programs, as well as representatives from staff development and the higher education community. This group generated a list of eight competencies, with several ideas under each competency to further define its scope. Following the Think Tank, the Task Group on Nurse Educator Competencies began an extensive search of the literature to determine if the eight competencies were documented in evidence-based literature, or if there was a need to modify them. The final list had eight overall competencies, with 66 task statements identified to further describe the competencies. The overall competency statements are outlined in Figure 1.4 on page 13.

In many instances there are different expectations in the NPD role and academic role with respect to publishing. One of the task statements for the competency on facilitating learner development

FIGURE 1.4 Core competencies of nurse educators

1. Facilitate learning
2. Facilitate learner development and socialization
3. Use assessment and evaluation strategies
4. Participate in curriculum design and evaluation of program outcomes
5. Function as change agents and leaders
6. Pursue continuous quality improvements in the nurse educator role
7. Engage in scholarship
8. Function within the educational environment

Source: Adapted from the National League for Nursing. (2005.) "Core competencies of nurse educators with task statements." New York: NLN. Retrieved on June 28, 2006, from www.nln.org/profdev/corecompetencies.pdf.

and socialization deals with dissemination of information through publications. The term “publish or perish” is frequently used with academic educators, who must publish to gain tenure. It is an expectation in many universities that faculty publish in peer-reviewed journals in their field. In most NPD educator roles, this is not a required competency.

One of the task statements under the competency of engaging in scholarship relates to demonstrating skills in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development. Grant writing is a task that is more commonly seen in academic education. Many NPD educators do not have any experience with grant writing and may not have the resources to develop expertise in that area. In many settings, academic educators are expected to write grants and receive funding for their research projects.

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