ABSTRACT

Nursing competency assessment is critical in helping to ensure patient safety and quality while also providing an indicator of overall organizational performance. Competency assessment encompasses critical thinking, psychomotor and interpersonal skills that benefit from an organized continuous approach. The responsibility to ensure continuing nursing competence requires the involvement of both the employer and the individual nurse. The promotion of competency-based practice helps to ensure quality nursing care and patient safety. An extensive literature review was unable to reveal any consistency with definitions for such words as competent, competence, competency and continuing competence nor was one method or one technique for demonstrating continuing competence more valid and reliable than another. Across Kaiser Permanente Southern California service areas, different definitions and methods are employed which creates differing standards across the organization. A consistent and systematic organizational approach provides the confidence and competence necessary for the Registered Nurse to successfully fulfill their professional responsibility. The Kaiser Permanente Southern California Directors of Education recognize the need to implement a competency validation strategy to guide a process that helps to ensure clinical quality and patient safety.
INTRODUCTION

In traditional competency programs, competency is validated on hire and once a year using skill stations. Most often only psychomotor skills are validated with no attention given to the clinical reasoning that contributes to quality patient focused care. Educators often lead this process without management’s active involvement. In fact, depending on the organization, competency assessment may be expected to be completed only in the classroom with no formalized on site clinical validation. Coaching the staff member through the validation process is very common which sometimes results in nurses being validated as competent without needed remediation. The validation process is focused on moving large numbers of nurses through the program with little connection to performance improvement, scope of practice, performance appraisal and most importantly, patient safety.

Current methods of defining and measuring clinical competency are not optimal or consistent. Each organization defines competence and the processes it uses to assess and manage staff competence. Many of these efforts focus on measuring the capability to perform a particular skill, not on the nurse’s actual overall ability to perform in a practice setting (Koncaba 2007). Little acknowledgement is given to the thought processes and knowledge required for an RN to practice competently. Thus, when validating a procedure, there is little to no focus on confirming professional knowledge to ensure safety and quality.

There is no common definition of competence and no evidence for one best method to assess competence. Not only is there a lack of consensus about the definition but there is ambiguity about how an RN becomes competent.

Competence assessment is a dynamic process dependent on the situation and a specific point in time. Competence at one point in time does not ensure competence at a later date. “One is not either competent or incompetent. Rather, competence falls along a continuum ranging from the highest professional standards down to gross incompetence. “(Barnett, 2011)

Competency is usually assessed for the following reasons:

- To ensure staff has the skills and abilities they need to perform their job expectations as outlined in their job description and organizational policies and procedures,
- To evaluate job performance and identify opportunities for improvement,
- To address problematic issues within the organization,
- To provide aggregate data on competency patterns and trends as a basis for staff education and practice changes.
There is sufficient evidence in the literature to validate that competency assessment is a very productive and viable approach in quality management and performance improvement (Stanton 2005; Alspach, 1990, 1995; Kobs, 1997 by Stanton 2005). “Tying competency assessment to quality improvement is the key to creating meaningful, cost-effective, on-going competency assessment.” (Wright, p.29) Based on current evidence, tying competency validation outcomes to performance evaluation helps to ensure the individual accountability needed to perform patient care safely.

There is no identified cohesive mechanism for ensuring continuing competence for nurses (Burns, 2009). According to the American Nurses Association (2000) statements about continuing competence, individual nurses and employers play a significant role in ensuring and measuring continuing competence:

1. The purpose of ensuring continuing competence is the protection of the public and advancement of the profession through the professional development of nurses.
2. The public has a right to expect competence throughout nurses’ careers.
3. Any process of competency assurance must be shaped and guided by the profession of nursing.
4. Assurance of continuing competence is the shared responsibility of the profession, regulatory bodies, organizations/workplaces and individual nurses.
5. Nurses are individually responsible for maintaining continuing competence.
6. The employer’s responsibility is to provide an environment conducive to competent practice.
7. Continuing competence is definable, measurable and can be evaluated.
8. Competence is considered in the context of level of expertise, responsibility, and domains of practice.

According to Howanitz (2000), there are four levels of competence:

Level one = what an individual “knows” measured by his or her general knowledge
Level two = what an individual “knows how” to act measured by his/her competence
Level three = what an individual “shows how” to act as measured by his or her performance
Level four = what an individual “does” as measured by his or her action

When a clinical practitioners are initially licensed, they are deemed by the state to have met the minimal competency standards. The challenge of licensure boards is to ensure practitioners are competent throughout their practice career not just with initial licensure (Whittaker, 2000). “Clinically relevant competency is not present at the completion of prelicensure education; however, the licensing examination is the only widely used measurement and it has assumed the role of proxy measurement for competency” (Stobinski, 2008). It is also known that nurses regress to a lower level of clinical competency upon beginning work in a new subspecialty or work area (Stobinski, 2008). Using the del Bueno Performance Based Development System (PDBS), more than 100,000 nurses were assessed between 1985 and 1997. A summary of 5½ years of her data from 1993 through 1997 reflected that only 38% to 43% of inexperienced RNs met entry-level competency expectations for clinical judgment, regardless of education preparation and credentials. (Koncaba, 2007)
Promoting competency-based practice is a method to consistently facilitate the application of what a nurse knows into their actual practice. This model guides the development of programmatic objectives to assist in defining the competencies needed to ensure quality. Pforr et al defined competency-based practice as “a patient care delivery system that emphasizes the nurse’s ability to demonstrate competence in the high-risk, problem-prone aspects of care related to a specific role and clinical setting.” (AAACN Ambulatory Care Nursing Orientation and Competency Assessment Guide, 2010, p 121)
DEFINITIONS FROM THE LITERATURE

Competence and Competency

Lundgren and Houseman argue that the single greatest problem in competency assessment is the lack of a definition for the term competency. They maintain the assessment of competency depends on a definition of the term, which drives the assessment process. If the capacity for learning were the basis for competency then basic knowledge testing would be a good measure; however, if the ability to apply those skills is included in the definition of competency then there must be a means to test those skills. For nursing, the definition of competency has proven illusive. (Stobinski 2008)

In the review of more than 20 articles with definitions for competence, competent and competency the following terms were noted: level of performance, behaviors, safety, integration and application of knowledge and skills in a context, measurable actions, desirable outcomes, and quality patient care (ANA 2008, Webster’s New World College Dictionary, Bertram et al 2002, Stobinski 2008, Burns 1090, Kentucky Law 2001, Kupsic, 2005, Brosky 2007, Brunt, Klein 2009, Gillespie 2009, Koncaba 2007, Alspach 1992, Kobs 1997)

The literature shows that some authors used the words competence, competent or competency synonymously, while other authors argued that the words were subtly but essentially different (Koncaba 2007)

The American Academy of Ambulatory Nursing (AAACN) in its Core Curriculum for Ambulatory Nursing defines competence as “having the ability to demonstrate the technical, critical thinking, and interpersonal skills necessary to perform one’s job." (Laughlin, 2006 p.419)

Continuing Competence

Currently there is no agreed upon definition of continuing competence. A review of the literature finds that most definitions reflect the context from which they were developed (Whittaker 2000).

Terms found in the literature for ongoing competence include: periodic assessment, integration and application of knowledge and skills in a designated role and setting (ANA 2000, Whittaker 200, Dept of Health, State of WA 2009, Brunt, ARNNL, 2008)

Competency verification, validation, or assessment

In reviewing the literature defining competency verification, validation or assessment, the following descriptions were found: process, evaluates, determines, assesses, individual ability to meet performance outcomes, demonstration of skill and ability (Rusche 2001, Benner 1996 from Bradley 2003, JCAH 1998 from Whittaker 2000, Carney 2009, JCAH from Kupsic, 2005)
RESPONSIBILITY FOR COMPETENCY ASSESSMENT

The literature offers a broad perspective of who is responsible for competency assessment:

The State Boards of Nursing are responsible for initial licensure and therefore initial competence. Many authors believe that the state boards should be responsible for continuing competence. The hallmark of a self-regulating profession is the expectation that the profession be responsible for ensuring the competence of its members. Assurance of continuing competence is considered to be a shared responsibility of the profession, regulatory bodies, organizations/workplaces and individual nurses.

Practice competence is an individual professional responsibility, although employers and accreditors commonly regard it as an externally imposed requirement. (Lenburg 2000). The ANA (200) reinforced individuals RN responsibility for maintaining continuing competence. Most educators and organizational leaders believe that the registered nurse is individually responsible and accountable for maintaining their own professional competence.

It is the nursing profession’s responsibility to shape and guide the processes for ensuring nurse competence. Regulatory agencies define minimal standards of competency to protect the public. The employer is responsible and accountable to provide a practice environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers and other key stakeholders. No single evaluation method or tool can guarantee competence. Competence is situational and dynamic; it is both an outcome and an ongoing process. Context determines what competencies are necessary (ANA, 2008).

Regulatory agencies define minimal standards of competency and help to ensure initial competence. The profession and professional organizations play a part in competence through credentialing and certification. The manager is responsible for the competent performance of the staff as documented in the performance evaluation. To provide a complete performance review, the manager may need to consult with other qualified staff to assure an individual staff member has competency-based performance and practices at the professional nursing level.
CRITERIA FOR COMPETENCY SELECTION, INITIALLY AND ONGOING

For most clinical organizations the selection of procedural competencies occurs at the initial on boarding and annually thereafter. They are usually based on criteria such as high risk, low volume, problem prone procedures or situations, unusual incidents and regulatory requirements. According to Wright (2005), the competency assessment process includes: hire assessment, initial competency assessment and ongoing competency assessment. (Wright p.8-9) She continued by emphasizing that ongoing competency assessment should not be a repeat of competencies reviewed on hire and should reflect “the new, changing, high-risk and problematic aspects of the job” (Wright 2005, p.18).

Stanton developed criteria for competency selection:

1. The measure should be evidence-based, with broad professional consensus
2. The measure must have established standards for satisfactory performance
3. It should be possible to collect data in a standardized way across multiple (staff) and sites of care
4. The method of data collection should be applicable to a specific specialty and should reflect the overall clinical practice of that specialty
5. Obtaining data should be reasonable in terms of cost but reliable in terms of quality. (Stanton 2005)
FREQUENCY OF ON-GOING COMPETENCY ASSESSMENT

There is, as yet, no basis for determining how frequently health care practitioners should be required to demonstrate their continued competence. (Swankin 2006). It is important to note that competency assessment should not be unique to the profession of nursing. Organizations are obligated, as are their individual staffs, to maintain and advance job knowledge and skills. Research across the health professions has demonstrated that the length of time a professional has been practicing is not a good indicator of competency (Aiken, Clarke, Cheune, Sloane & Dilber 2003; Austine, Marini, Croteau & Violato, 2004; Choudry, Fletcher & Soumerai, 2005 from ARNNL 2008).

According to Kobbs 1997 (from Rusche, 2001) “in the absence of error, competence can be assumed. “ If a caregiver has been performing successfully and there have been no adverse outcomes, there can be an assumption of competence”. However, this assumption presupposes that there are sufficient opportunities to sample skill performance that are performed frequently and have potential or actual risk. Therefore, only high-risk, infrequent procedures or risk situations need to be reviewed on a periodic basis to maintain ability (del Bueno, 1991 from Rusche 2001). Additionally, new equipment, new procedures and changes in how any health care professional must perform certain techniques provide a critical opportunity to ensure continuing competence.

Yet, being competent does not guarantee good performance (Lake and Hamdorf, 2004).

Competency is one determinant of performance, but the relationship is not direct, and the exact contribution is unknown. Other factors – such as work setting, time and motivation also play a major role in determining performance (Stobinski, 2008). If we agree that competency is closely related to performance then assessment of competency has value from a management perspective. It may be used to identify gaps in knowledge that need development and it allows managers to match competencies to patient care needs (Synergy Model).
METHODS OF MEASURING COMPETENCY

According to the literature there is no one method of ensuring overall competency in nursing although the portfolio concept seems to be in the forefront to position the registered nurse to understand and facilitate their individual competency. (Stobinski 2008, Burns 2009). However, most would agree that the theory behind the competency should be part of the validation process, which helps to select the correct assessment methodology.

Each competency, whether procedural or non-procedural, such as patient triage requires a unique learning strategy that ought to vary over time. Suggested methods from the literature listed below should be considered when developing an organizational approach to competency validation.

- Academic nursing education
- Assessment at specified intervals using standardized competency assessment tools that require return demonstration on the procedural skill and the clinical reasoning required.
- Case presentations
- Case studies discussed in a group
- Certification, recognized by the nursing profession
- Clinical practice that is continuous
- Cognitive appraisal of role expectations and individual abilities via self, peers, supervisor, and clients (reflective practice)
- Competency criterion tools
- Continuing education courses related to the nurses individual practice
- Documentation review
- Examinations for skill assessment and/or clinical reasoning
- Evaluation of self confidence and competence
- National Certification
- Nursing Research, conduct of
- Patient care rounds as an example of concurrent review of patient management
- Skill assessment inventories via self, peers, supervisors, and clients
- Observation of daily work
- Patient education, observed
- Peer reviews
- Performance appraisals
- Portfolio development and review
- Practice reviews
- Presenting at local, state and national meetings
- Publishing in a scholarly journal
- Quality improvement indicators
- Reflective discussions about nursing practice
- Return demonstrations
- Self-directed learning activities
- Self-assessment tools
- Simulations in the clinical setting and/or computer based
- Teaching Registered Nurses and other health care professionals
CONCLUSIONS

1. Competence for licensure is the purview of the Board of Registered Nursing.
2. Assurance of continued competence is a shared responsibility between the profession, regulatory bodies, the organization and the individual registered nurse.
3. Organizations must continue to play a significant role in helping to assure clinical competence through a variety of strategies.
4. RNs progress in their competence from novice to expert. Changes in their practice specialty and changes in clinical advances require both individual and organizational commitment to reevaluating their competence level. Revaluation should occur for defined procedural competencies and for progress in achieving professional behaviors such as effective communication, knowledge, reasoning ability, emotional intelligence and organizational values.
5. Competency assessment is a blending of knowledge, skills, attitudes and judgment.
6. Competency assessment can be used to identify gaps in knowledge.
7. Assessing competence for an individual RN should include psychomotor skills, interpersonal skills and critical thinking ability.
8. Competency validation processes should be aligned with organizational values, professional standards, patient care needs and specific competencies.
9. The method chosen to validate a particular competency should be dependent on what is being validated and the context in which it is being validated.
10. Ongoing competency assessment should not usually be a repeat of competencies reviewed on hire and should reflect practice changes.
11. Competency validation is not always the most appropriate mechanism for poor performance.
12. Orientation is an organizational strategy that facilitates competency validation on specific procedural and non-procedural competencies. It should include an organizational strategy that defines the roles of the educator, manager and individual employee to ensure competence.
13. Performance Evaluations must be competency-based and aligned with the outcomes of competency assessment completed by multiple individuals within the organization.
14. The assessment of an RN as competent is not a guarantee of overall competent performance and is only one determinant of performance.
15. Individual registered nurses must assume responsibility for ensuring and documenting their continued competence. Organizations should build in mechanisms for RNs to demonstrate this accountability.
Kaiser Permanente recognizes the necessity for an organizational approach that supports patient quality and safety. The implementation of the following recommendations is necessary to meet and raise standards for professional nursing practice. Each recommendation contains activities to assist in the implementation.

1. **Adopt the following definitions:**
   
   a. **Competent** is defined as the habitual and judicious use of knowledge, effective communication skills, technical skills, reasoning ability, emotional intelligence, professional values and standards reflected in job duties and daily practice for the benefit of the patient population being served.
   
   b. **Continuing Competence** is defined as the ongoing ability to integrate and apply the knowledge, effective communication skills, technical skills, reasoning ability, emotional intelligence and professional values and standards required to practice safely and ethically in a designated role and setting and within applicable state laws related to scope of practice, national professional standards of practice and organizational polices and procedures.
   
   c. **Competency Validation** for the purpose of evaluation is defined as a process of measuring an individual’s ability to perform or demonstrate identified behaviors and skills according to established criteria while achieving desired outcomes under varied circumstances of the practice setting. (Adapted from Benner)

   **Activities to assist Implementation:**
   
   - Add definitions to policies and procedures as needed.
   - Share definitions during orientation.
   - Include these definitions in the Ambulatory RN Residency Program and in the Acute Care New Graduate Program and other specialty training programs.
   - Assure that Competency Validation Tools (CVTs) reflect all dimensions of practice discussed in these definitions.

2. **Implement a competency-based organizational model that:**
   
   a. Recognizes the content differences needed in nursing orientation by new graduates, RNs new to a specialty and RNs not new to the specialty but new to the organization.
   
   b. **Defines the role of the Department of Education, the Department Manager and the clinical leader in providing an effective orientation for the new RN graduate, the RN new to a specialty and the RN with specialty experience.**
c. Defines an orientation program by specialty that identifies specific role based outcomes and timeframes for achieving these ends.

d. Recognizes that completion of competencies is required before an RN can work independently.

e. Defines the competencies chosen on hire and those validated annually for all registered nurses and ones specific to the different nursing specialties.

f. Chooses the above competencies based on considerations of high-risk and/or low volume, new equipment, patient care incidents and Stanton’s criteria for competency selection.

g. Reviews these competencies annually to assess the continuing need for validation or a change in skill validation methodology.

h. Selects validation methods that best reflect the competency, the reason for validation and the level of staff.

i. Includes a standardized format that identifies the distinctions between an RN, LVN and unlicensed assistive personnel as to the scope of practice for both procedural steps and critical thinking skills.

j. Provides an educational program for staff who will validate others. At the end of the process, staff will be able to perform selected competencies without coaching and demonstrate proficiency in teaching others.

k. Provides a methodology to update staff on evidence-based changes in nursing practice that must be implemented.

l. Develop a competency based performance evaluation that aligns with professional nursing practice and the defined competency outcomes.

m. Assures that Registered Nurses must conduct validation for nursing competencies unless such competencies are validated by another health care professional who is a content expert in the skills, critical thinking and interpersonal elements of the Competency Validation Tool. Unlicensed assistive personnel and LVNs, competent in a particular procedure can contribute to the competency validation process for an RN.

**Activities to assist Implementation:**

- Develop a standardized format for procedural competency validation.
- **Develop a method to track competency progress for individual staff that includes** at least competency, validation date, method of validation, and number of RNs completing validation.
- Develop a validation educational program of selected competencies for RN Validators.
- Promote the role of the RN in ensuring competence for self and others is articulated during orientation, at evaluation sessions and ongoing as needed.
• Select alternative ways to provide updates to practice changes. Decisions should be made on critical nature of change, potential patient safety issues, and the amount of information to be conveyed.
• Include in the annual performance evaluation recognition of completed competencies and developed action plans for ones that require additional support.
• Provide an environment where nurses shall be expected to take responsibility for their own competence through self-reflection, seeking out and participating in education offerings and experiences that will develop both their strengths and weaknesses.

3. **Encourage each RN to build their professional portfolio to include activities that reflect their competence as a Registered Nurse.**

**Activities to assist Implementation:**

• The education department will utilize the Portfolio on-line program to assist RNs in developing their portfolio. This educational tool will be utilized in the Ambulatory RN Residency Program, the acute care RN New Graduate program and other specialty training programs.