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The Development of Competencies for Registration

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INTRODUCTION

A valid and reliable system of clinical evaluation has long eluded the nursing profession and "Who, after all, would want to document our ineptness in setting standards and judging...?" competence? (Woolley, 1997, p. 308). Appraisals, checklists, laboratory experience, proficiency assessment systems and objective structured clinical assessments are in and out of vogue. They all have their critics and their supporters but the nursing profession still do not have a fair and objective system of assessing clinical competence.

Confusion in the literature concerning a definition of competence adds to the debate. To this end, the words competent, competence and competencies enter and yet again a wealth of literature appears. This literature offers definitions of competence; methods for the assessment of competence and debates concerning the limitations and problems associated with competence-based education (Ashworth et al, 1991, Fraser, 1996, Bradshaw, 1997, 1998, Henfield, 1998, Milligan, 1998 and Chapman, 1999).

However, no clear definition of clinical competence emerges from the literature and the measurement of competence is presented as a complex multidimensional phenomenon. The development of valid and reliable tools for measuring competence is at the beginning stages (Cruickshank et al, 1994, p. 218). Sutton (1994) believes that developing competence is one means by which the nursing profession can self-evaluate and enhance its accountability to the public. Girot (1993) on the other hand fears that the nursing professions' responsibility to produce a safe practitioner and the elusive nature of what competence means will remain a source of conflict until such answers are found.

Defining competence, constructing and validating competencies has occupied some of the work of An Bord Altranais since January 1999. Submissions were called for in July 1999 and the focus group had its first meeting in January 2000. The focus group comprised of representatives from third level institutions, schools of nursing, nursing practice development, clinical placement co-ordinators, clinical staff, nurse managers and members of An Bord Altranais. The twenty-seven members of the group met at regular intervals to develop the Domains of Competence.

The terms of reference that were agreed for the project were as follows:

1. To define competence, identify competencies required for a nurse at entry to the Register held by An Bord Altranais.
2. To identify competencies for each year of the programme, year 1-4 inclusive.
3. To identify a strategy for the assessment of these competencies.
4. To identify the most appropriate persons to assess student nurses' competence.

Following the analysis of the submissions and the work of the focus group a definition of competence and five broad Domains of Competence were agreed. Competencies for each year of the programme and an assessment strategy were not identified. The publication of the Requirements and Standards for Nurse Registration Education Programmes (An Bord Altranais, July 1999) "...provide guidance for the development of flexible, innovative, practice-orientated programmes to third level institutions and health care institutions involved in the education and training of nurses" (An Bord Altranais, 1999, p.5). This document allows curriculum development groups to develop the competencies and the assessment strategy for their local needs. However, in order to ascertain the suitability of the Domains of Competence and the transferability across disciplines, the objectives of the pilot project were:

1. To test the suitability and transferability of the Domains of Competence in practice.
2. To use an assessment strategy, to ensure that the competencies could be assessed.
3. To obtain feedback through focus group interviews and questionnaires.

The project consisted of several phases:	
Phase 1	Pre-pilot to develop documentation. Site: St. Vincent's University Hospital (General Nursing)
Phase 2	Implementation and further development. Site: St. Vincent's University Hospital (General Nursing)
Phase 3	Demonstration Sites: Sligo General Hospital (General Nursing; Co-ordinator-Ms. Mary Hodson) Drumcar (Mental Handicap Nursing; Co-ordinator-Mr. Alvin McEvoy) Cregg House (Mental Handicap Nursing; Co-ordinator-Mr. Declan Courell) St. Vincent's Hospital, Fairview (Psychiatric Nursing Co-ordinator; Ms. Briege Casey).

SECTION 1

The Aim of the Pilot Project.

The aim of the pilot project was to test the suitability and transferability of the Domains of Competence in practice. Objectives were identified to ensure that the overall aim was realised. An assessment strategy was developed to ensure that the Domains of Competence could be assessed.

The Methodology.

Both quantitative and qualitative methods were used to develop the documentation and guide the study.

The Design of the Project.

The members of An Bord Altranais' Focus Group selected St. Vincent's University Hospital as the pilot site. It became apparent that the involvement of the students and clinical staff in the development of the documentation would render a remaining small sample. Therefore as the project was nearing completion in St. Vincent's University Hospital, Sligo General Hospital was being prepared to start the replication of the project. Drumcar and Cregg House volunteered as

sites to demonstrate the suitability of the Domains of Competence to Mental Handicap Nursing. St. Vincent's Hospital, Fairview volunteered as a demonstration site for Psychiatric Nursing.

General Information Sessions.

General information sessions were held to inform clinicians, educators, student nurses and staff from Nursing Practice Development about the pilot project, the notion of competence and competencies and the Domains of Competence.

A general information pack was developed with the aim to recruit student nurses, clinical staff, clinical placement co-ordinators and nurse tutors to participate in the pilot project.

Specific Information Sessions.

The objectives of these information sessions were to retain and recruit participants to develop the elements of the Domains and to participate in the main project.

Specific information sessions were held for all of those agreeing to participate in the project. Five one-hour information sessions were given per group.

Once the participants agreed to continue with the project each were identified and allocated a specific role. For the purpose of the pilot project the volunteer clinicians and nurse tutors were identified to act as 'facilitators', 'assessors' and 'verifiers'. However, it must be noted that in clinical practice all Registered Nurses facilitate student nurses' learning.

Facilitators (n=6), assessors (n=6) and verifiers (n=6) were selected from the clinical area. Three of the facilitators are Registered Nurse Tutors.

Overall project verifiers (n=3) verified that the project was proceeding according to plan. Independent document reviewers (n=7) reviewed all of the documentation.

Sites (wards/units/departments) within the hospital were selected to reflect general practice (n=7).

Workshops to Develop the Elements.

An Bord Altranais' Focus Group had developed the Domains of Competence and their indicators. It was necessary to develop the elements of the indicators to ascertain the suitability of the overall Domains.

Following the initial information sessions student nurses and clinical staff volunteered to participate in workshops to develop the elements. These participants were then excluded from participating in the main project.

Seven workshops were held with clinical staff (n=21) and student nurses (n=33) to identify the critical elements for each of the indicators for three clinical placements. Three workshops were held to identify assessment criteria and standards.

Implementation of the Project.

Once the elements were developed, the assessment standards and criteria in place and the clinical sites prepared an information pack was developed for the continuing participants.

Specific information sessions were given and all of the participants were furnished with an information pack that contained the following:

1. A Quick Reference Guide.
2. The Domains of Competence.
3. Guides for Facilitators, Assessors and Verifiers.
4. The Portfolio Document.

Procedure for the Facilitators.

Each facilitator was issued guidelines on the recruitment procedures for the student nurses, a letter to the student and the student consent form. Facilitators were given the student guidelines and the portfolio document that included guidelines for completion.

Procedure for the Assessor and the Verifier.

Each assessor and verifier was issued guidelines together with the standards and criteria for assessment. It must be noted that facilitators and assessors had an interchangeable role on some occasions.

Procedure for the Student Nurses.

Student nurses from all three cohorts were eligible to participate in the project. Student nurses self-selected following the information sessions.

Having completed the consent form witnessed by the facilitator, the student and the facilitator 'worked' together (not continuously) for a period of six weeks in one clinical placement to develop the identified competencies.

The Population and Sample.

All Registered Nurses and student nurses were eligible to participate in the project. Following the general and specific information sessions participants self-selected.

Thirteen first years, seventeen second year and five third year student nurses agreed to participate in the project. Thirty-two Registered Nurses participated and all were more than one year qualified as Registered Nurses.

Data Collection Methods and Tools.

The data collection tools included two semi-structured focus group interviews, a questionnaire and the portfolios.

The Focus Group Interviews.

All of the focus group interviews were tape recorded with the participants' consent. Criteria for the conduct of the interview were pre-determined but allowing for the flexibility of open questions and follow-up questions.

After the first three weeks all of the participants were invited to attend the two-hour session. This interview focused on the Domains of Competence and the 'notion of competencies'. At the end of the student's six week placement there was a final two-hour interview (second interview). This interview focused on the Domains of Competence and the assessment of the competencies.

Questionnaires.

The questionnaires were distributed to all participants mid way through the project. The completed questionnaires were collected after the second focus group interview together with the portfolios. Questionnaires together with the Domains of Competence were also distributed to the clinical staff in the ward/units/departments.

Portfolios and Assessment Workbooks.

The portfolios and were collected after the second focus group interview.

Ethical Considerations.

All of the participants were assured that they will not be identified in the interviews and that their name will not appear on any part of the documentation including the portfolio. No clinical sites, student or clinical staff members have been identified in this final report.

All of the participants were assured that they are not being assessed, it is the suitability of the Domains of Competence that is being assessed.

None of the student nurses were given the 'results' of the assessment, again as it was not the student in question that was being assessed.

The Analysis of the Data.

The tape-recorded interviews were transcribed and the thematic framework followed the simple latent content analysis methodology outlined by Denzin and Lincoln (2000) and Field and Morse (1985).

The questionnaires (n=127) were analysed by hand using descriptive statistics and the qualitative data in the questionnaires were analysed using content analysis.

The combined results of the project are presented in the next section.

SECTION 2

The Presentation of the Main Findings.

Both quantitative and qualitative data will be presented. All of the respondents were coded according to their roles in the pilot study. There were 172 completed questionnaires returned. The following table depicts the number of respondents, their role in the pilot project and the site.

	St. Vincent's University Hospital (SVUH)	Sligo General Hospital (S)	Drumcar (D) and Cregg House (C)	St. Vincent's Hospital Fairview (SVF)
Project Verifier	1			
Document Reviewer	7			
Facilitator	6	7	1C	3
Assessor	6	3	3D, 1C	
Verifier	6	1	1D, 2C	
Student Nurse 1st Year	21	4		3
Student Nurse 2nd Year	30	4	1D, 2C	
Student Nurse 3rd Year	17	4		
Registered Nurse	29			
Clinical Nurse Manager 1	3			
Clinical Nurse Manager 2	1			
Other	2			
Unclear	3			
TOTAL	127	28	11	6

The following abbreviations will be used throughout the report to indicate which site.

SVUH = St. Vincent's University Hospital.

S = Sligo General Hospital.

D = Drumcar.

C = Cregg House.

SVF = St. Vincent's Hospital, Fairview.

Definition of Competence.

“Competence is defined as the ability of the Registered Nurse or Midwife to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice.”

Question No. 5 asked the respondents their views concerning the above definition of competence. The majority (n = 151) of the respondents in all of the sites thought that the definition of ‘competence’ presented by An Bord Altranais is adequately defined. There was consensus that the concept of competence as developmental and not static was seen as particularly relevant for mental health nursing.

The following quotations taken from the questionnaires indicates this:

“...safety...” is seen as the key word in the definition of competence by the participants (Sligo).

“Looks at the students/staff ‘safe practice’ at their level of scope of practice, ensures ‘effective practice’ for good quality nursing care (SVUH – Document Reviewer 1).

“The definition includes what I feel are all important aspects of the role of a Registered Nurse, i.e.

- Safe practice,
- Effective practice,
- Professional responsibility,
- Scope of Practice.” (SVUH – Facilitator/Assessor).

However, 21 respondents did not agree with the definition or were unsure. The following quotations from the respondents indicates this:

“I don’t agree with the words ‘safely and effectively’, I think the general public and standard setting would not be impressed/feel secure with those words. (SVUH – Document Reviewer 2).

“Should include in ‘accordance with Code of Conduct’ (ref, year) other than that it appears satisfactory”. (SVUH – Project Verifier 3).

“I feel that competence is broader than this, it should reflect knowledge as well as practice.” (SVF – Facilitator 1).

“At my level of training, I’m really not sure exactly. The definition above does state exactly what competence means but it is not very specific. It may need to be defined further. (SVF – 1st Year Student Nurse).

The Suitability of the Domains of Competence.

In general all of the participants welcomed the concept enthusiastically, but some respondents (n=47) recommended changes to the wording of some of the indicators.

The participants in Drumcar believed that it took a lot of time to discern the meaning of the competencies and to develop a mental health perspective. The participants in Cregg House stated that whilst not all of the Domains were utilised, there is a general consensus that the Domains are broad enough to assess the main competencies required of future members of the discipline. The participants in St. Vincent’s Hospital, Fairview stated that there was consensus that the domains as themes were suitable but that some indicators (especially in domains 3 and 5) were too narrow or not reflective of the scope of mental health nursing.

The following quotations taken from the questionnaires indicate this:

“They are holistic enough to be inclusive and yet allow for local and specific development. Anything more would verge towards prescription.” (SVUH – Project Verifier 3).

“ The domains can be employed to ascertain/assess individual discrete skills or complex attitudes.”(SVUH – Facilitator 3).

“ The five domains incorporate all that a competent Registered Nurse should be able to achieve” (SVUH – Registered Nurse 7).

“ To be competent in your job is one’s aim and to be aware that one should be competent in five domains would perhaps make us ‘get the job done’ to the best of our ability”. (SVUH -1st Year Student Nurse 1).

“ They cover the important areas in nursing today without being too difficult to obtain.” (SVUH 1st Year Student Nurse 2).

“ They cover everything which nurses are required to do”. (SVUH 2nd Year Student Nurse 9).

“ All five domains integrate effectively all the various responsibilities of a modern day nurse. Ethics, care giving, communication, management skills and education.” (SVUH 3rd Year Student Nurse 4).

“ Holistic approach to patient care applying theory to practice.” (SVUH Document Reviewer 1).

“Appropriate and relevant to nursing practice today especially if we wish to produce a competent accountable practitioner using evidence based practice.” (SVUH Document Reviewer 2).

“ The domains are reflective of the core elements of Registered Nurses practice.” (SVUH Document Reviewer 3).

“The domains are suitable they reflect what is needed to ensure Registered Nurses are well prepared for their role.” (SVUH Document Reviewer 4).

“ The domains are fine, but I would change the wording of some.” (SVUH – Facilitator 5).

“I feel that the first 4 are adequate and that the fifth is too broad and unrealistic. Also some of the indicators should be domains of competence or are too broad and very difficult to measure. (SVF – Facilitator 1).

“Not sure if the domains are suitable to all the different areas of nurses” (SVF – 1st Year Student Nurse 2).

“Needs modification for mental handicap” (One respondent C).

“I think it is very difficult to comment on this at the moment, because I mean most of the people, covered the pilot study, most people have chosen areas such as the assessment and integration of knowledge, communication skills so we haven’t really tested all the areas yet and all the sections under it, and I think it is very hard to give a true impression of what people feel.” (Verifier 1 C).

Working with the Domains of Competence.

The rationale for using the portfolio were twofold; one, that it was the most frequent chosen method for assessment as outlined in the submissions to An Bord Altranais, two, the student nurse, the facilitator and assessor could document the development of the competencies in the portfolios. The portfolios from the research perspective could then be examined to ascertain if the Domains of Competence are achievable and assessable.

All of the pilot sites voiced concerns with the format and language of the portfolio. It is interesting to note that the portfolio was not developed separately from the Domains. The Domains were transcribed onto the portfolio and spaces were left for the student to document. The word that

caused the most concern was “pre-requisite”. The portfolio had six sections under each indicator as follows:

Domain 1. Professional and Ethical Practice.

Fulfils the duty of care in the course of nursing practice.					
Pre-requisite	Obtained	Applied in Practice	Evidence	Date	Facilitator Student's Signature.

The student and the facilitator in partnership discussed what they thought to be pre-requirements for the development of the indicator in the particular Domain. In this instance the most frequent entry was “attended some law lectures” and “knowledge of the Code of Professional Conduct”. The student could then work with the facilitator in developing and demonstrating the achievement of that indicator. The student recorded the evidence and both student and facilitator signed. From the assessment perspective the evidence was assessed to indicate that the indicator was achievable for the purposes of the pilot study. It was never the intention of the pilot project to break down the indicators for each year of the programme. Curriculum development groups would achieve this in the future. Therefore issues raised concerning the format of the document, whilst important, do not bear any relevance on the suitability of the Domains of Competence and whether they are achievable in practice. Specific examples taken from the portfolios are presented in the appendices.

Other Issues Concerning the Domains of Competence and the Portfolios.

The main issues raised were the length of time it will take to complete and the language contained in the portfolio.

All of the project sites reported that the entire process was time consuming. The development of any strategy will be time consuming and the implementation of any new assessment strategy will also be time consuming until one becomes familiar with it. However, there are some positive responses:

“...as the weeks went on it became enjoyable but as I said at the last interview, the time element is still going to be a big factor, but overall it is positive definitely and as a facilitator/assessor I can see a much better insight into what the students are actually learning on the ward than I would have otherwise.” (SVUH- Facilitator/Assessor 1).

“...I am extremely positive about this and I knew from reading it at the start like anything else once you get into it you overcome the newness of it, the initial new experience, but what I found absolutely fundamental to this was that for the first time here we have a tool and a process through which the facilitation of learning and the assessment of learning are both flip sides of the same thing.” (SVUH – Facilitator/Assessor 3).

“I would be very positive about it I think it would be a very unbiased, a much more honourable and I use the word honourable in the sense that the student who is working with the Registered Nurse will be able to discuss the issues with her there and then rather than with somebody doing a PAF.” (SVUH – Facilitator/Assessor 2).

The student nurses in general liked the concept of the portfolio as it generated confidence, the integration of theory and practice and provided a record of achievements.

“Respondents believed that at the end of the process there exists documented evidence that the student is competent. For students this instilled a sense of achievement and made facilitators feel more confident about their role in the process.” (Declan Courell, Cregg House Report p. 18). The detailed descriptions of the evidence obtained demonstrated the suitability of this aspect of the assessment strategy.

“Compiling portfolios prepares us for the future” (Student Nurse SVF).

“You are passing Domains rather than placements.” (Student Nurse SVF).

“You have it in front of you for three years and can see patterns developing, see what you’ve done.” (3rd Year Student Nurse SVF).

“It is a signpost to our progress.” (Student Nurse D).

“...the whole concept’s brilliant, you’re thinking all the time about your goals and you know it’s your own input and output more so that some ticks in the PAF.” (SVUH – 2nd Year Student Nurse 1).

“...you are aware that you have to be developing the five Domains of Competence, and I thought this is very good, like when the nurse actually Registers, when you step into that ward in your qualified nurses uniform for the first time you’ll know what you are good at, it’s written on paper. (SVUH – 2nd Year Student Nurse 1).

Concerning the language in the portfolio it is exactly the same as in the list of the Domains of Competence with their indicators. After the initial analysis of the quantitative data, there were more qualitative data referrals to the ‘difficult language’ therefore a return to the questionnaires was necessary to rule out missing data. No errors were found in the quantitative data. The conclusion drawn therefore, it that the reading of the Domains and their indicators seemed appropriate but in practice difficulties in interpreting arose. Therefore, this highlights the importance of the development of the indicators with clear descriptions for all concerned.

“Even with the indicators they are very broad, I mean the words are very wishy-washy, you could change them around to mean anything at all, they are not as specific as they could be.” (Student Nurse 1 C).

“Some of the language is fuzzy...” (Student Nurse 2 C).

“Wordy and ambiguous...perhaps it could be simplified” (SVUH- 3rd Year Student Nurse 1).

The process places more emphasis on student effort in that the student takes an active part in the development of the competencies. Drumcar reported positively in this regard as the Staff Nurses believed that it is a good framework for developing competencies and identifying the student’s strengths and weaknesses. It is a continuous process and there is confidence in the fact that the competencies are recorded. However, the participants also stated that it is restrictive and relies on tried and tested old methods and inhibited innovative and novel means of caring. (Alvin McEvoy, Drumcar Report, p.17). Contrasting views were evident in other sites:

“...listening to the students articulate their practice, what they have done, how they try to achieve the competencies in the particular domains that they have worked on, it provided me as a Registered Nurse with the facility of supporting the learning...and in that respect it unifies theory and practice...” (SVUH- Facilitator/Assessor 3).

Participants in Sligo perceived the portfolio as an excellent idea as it made the students more focused and responsible for their own learning, the learning is documented and it encourages the notion of mentoring. They also had concerns with the fact that some Qualified Staff were not willing to sign relevant section for legal reasons.

SECTION 3

Limitations of the Study.

The pilot project provided invaluable information in the current climate of transition in nurse education. However, the imposed tight deadlines did not give adequate time for the completion of the projects in some sites before the final meeting of An Bord Altranais Focus Group. All of the pilot site co-ordinators attended that meeting and gave feedback on the progress of the project. Recommendations were made to the group that resulted in the changing of the wording of some of the indicators and domain titles.

The short lead in time in some pilot sites caused enormous difficulties for all concerned including the co-ordinators.

The students nurses in all sites had various other commitments, preparing for repeat examinations, completing assignments, rostered service, external placements, involved in other research projects and it appears that there is never a good time to implement such research.

Trying to balance already heavy workloads with the additional burden of the project was not conducive to quality work on either part. Co-ordinators having to take annual leave to facilitate information sessions is almost incredulous but it did happen.

Two sites stated that there was too much emphasis on the portfolio, it must be remembered that the aim of the project was to test the suitability of the Domains in practice and not the portfolio.

Recommendations.

Invest time and support for all those sanctioned to be involved in such endeavours.

There is a need to review the language used to describe the Domains and their indicators.

That patient safety is kept to the forefront with the development and assessment of competence.

The development of the critical elements is time consuming, therefore invest time in curriculum development.

Staff preparation is essential to the success of any new strategy.

Ensure assessment strategy is valid and reliable. Marks and standards documents should include exit criteria, progression and awards for clinical assessments.

Conclusion.

The aim of the pilot project was to test the suitability and transferability of the Domains of Competence.

All of the pilot sites conclude that the Domains of Competence are suitable and transferable once the recommended changes are made to the indicators as stated at the final meeting of An Bord Altranais Focus Group.