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Setting the Scene for Competence Assessment

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On behalf of the education department of An Bord Altranais I would sincerely like to welcome and thank you all for demonstrating your interest in the assessment of competence for entry to the register of nurses as maintained by An Bord Altranais. Our President Ms. O'Malley has welcomed you and has thanked the key people who were instrumental in planning, organising and contributing to our two days together. I would like to add my voice to hers by also saying thank you, particularly to the many, many nurses who contributed to the pilot study and the facilitation of the study in the pilot sites. I hope over the next two days we can share our experiences and thoughts on what we acknowledge is a major change to the structures, planning, delivery and measurement of outcomes from educational programmes of nursing studies. This shift in emphasis is an indication that authority for nurse education and practice is moving to the educators, managers and the practitioners in the health care services. It is acknowledged that devolving this decision-making has implications for many in the health services and having representation from nurse management, nursing practice and nurse education is most welcomed.

An Bord Altranais (2000:14) suggest that "competence is a complex multidimensional phenomenon." This document further defines competence as "the ability of the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice." Competence as defined by the ICN (1997:44) is: "A level of performance demonstrating the effective application of knowledge, skill and judgement." We will over the next two days hear of other definitions and frameworks on which to base our local, context sensitive requirements but I hope we will share a vision that a competent nurse not only knows what to do and how to do it, she/he also is able to organise her/his work to act on the knowledge and skill she/he possesses (Waddell, 2001).

The Pew Commission Taskforce on Health Care Workforce Regulation recommended the concept of competence for professional practice (American Nurses Association, 1998), where "regulated health care practitioners demonstrate their competence in the knowledge, judgement, technical skills, and interpersonal skills relevant to their jobs throughout their careers." Indeed the notion of competence for professional practice is not unique to the U.S. but as a recent nursing conference in Copenhagen demonstrated is an international issue for nurses. The competency framework developed by An Bord Altranais, as you will hear is not unique to Ireland but has been the subject of much research by many of our international colleagues. The ICN considers that the time is right to establish international competencies for the generalist nurse and as such has commissioned a study to examine these as it intends that these competencies will be used to clarify the role of the nurse and to guide future mutual recognition agreements and multi-country licensure programmes, for which there is a growing demand (ICN 2000).

Competence-based systems operate with two different emphases. Fletcher (1995) considers that the U.K. system focuses on 'standards of occupational performance' whereas in the U.S.A. the emphasis is on 'competency development.' Whether we use one system or a synthesis of both depends on our focus of the competence-based standards. Benner (1994: 25-26) suggests that competence "develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. The plan dictates which attributes and aspects of the current and contemplated future situation are to be ignored. Hence, for the competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem." She further contends "the conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and

organisation" (1994: 27). In order for this concept to find a real meaning in the practice environment it must be remembered that "competence at registration will change over time as roles and functions develop in response to many drivers affecting the provision of health care. It is not the nature of professional work to define it by tasks and skills" (UKCC, 1999: 44).

Nursing has been described as a 'practice-based discipline' and as such we require competency frameworks that are sensitive to the academic achievements/outcomes and the requirements of practice. Lester and Chapman (2000) suggest that much of higher education especially at undergraduate level is concerned with developing conventional competence i.e. academic ability, discipline-based knowledge, and occupational and professional competence and skill. Developing competence to enable a safe, caring, decision-maker willing to accept personal and professional accountability for evidence-based practice and being able to promote and maintain health, as well as be able to give care during illness, rehabilitation and dying (Nursing Education Forum 2000) requires innovative delivery methods and a range of competency assessment tools/methods to achieve a competent nurse capable of practice expectations.

The focus of nursing is on providing holistic patient care. The nurse requires technical skills but also personal skills and qualities of patient care (Ashworth and Morrison 1996). The notion of competence as the assessment of distinct items of work performance should be avoided and instead rewards for specific skills, capabilities, applicable pieces of knowledge and understanding that the individual has attained becomes the issue for reward. The task of educational establishments in nursing is to provide courses that will enable the learner to achieve identified competencies although these cannot subsume the educational experience.

The educational philosopher John Dewey (1938) in discussing experience and education states "everything depends on the quality of the experience which is had (sic). The quality of any experience has two aspects. There is an immediate aspect of agreeableness or disagreeableness, and there is its influence upon late experience" (p.26). The support issues to provide experiences, both in the third level institutions and the health care institutions, that embrace our need for engagement with critical experiences to effect 'turning points' associated with growth of a more reflective practitioner and a learning approach to match education and experience is one we must not underestimate for the practitioners and the recipients of our care. Competency frameworks can assist the development towards a more congruent fit between the person and the environment and this will be further explored during the conference in the preparation of staff and the clinical learning environment papers.

The problems associated with measuring competence have been articulated as four categories by Waltz, Strickland and Lentz (1991) as:

- "Conceptualising the construct to be measured
- Selecting a measurement paradigm
- Selecting measuring instruments
- Interpreting the measuring data"

While these are acknowledged they are not insurmountable as we shall hear.

This conference hopes to address these issues and arm you with the theoretical underpinnings of competencies, an overview of an Irish study examining the concept and the experience of those in the pilot sites, an examination of the tools that can be employed to measure competence and levels of competence, the supports required both in respect of personnel preparation and the provision of an effective clinical learning environment and finally the relationship of registration and competencies.

It is suggested by Exstrom (2001: 118) that the five most obvious agencies with a vested interest in competency are:

1. "Individual nurse
2. Employers of nurses
3. Nursing educators
4. The nursing profession
5. Boards of nursing."

Thus we require a team and partnership approach to developing, assessing and determining the student nurses' competence.

Competence is a critical core element within the scope of practice for registered nurses. The acceptance of national competencies will enable An Bord Altranais to use them as a tool to encourage self-regulation within the profession, protect the public and produce registrant nurses who are capable on taking up their first employment post. The time is now right to move from a paternalist to a partnership approach of education for nurses. The main challenge that faces us in describing the core nursing competencies in a way that embraces professional nursing competencies has been the questions of what nurses do, and what are issues of values, motives, approach and capabilities behind the nursing interventions and actions.

An Bord Altranais as the regulatory body for nursing and midwifery in Ireland supports the standards and competencies for registration that can be validly and reliably assessed. The five Domains of Competence representing the level the student must achieve on completion of education programme for entry to the Register held by An Bord Altranais are:

1. Professional / ethical practice
2. Holistic approaches to care and the integration of knowledge
3. Interpersonal relationships
4. Organisation and management of care
5. Personal and professional development (ABA, 2000:14)

The aim is to ensure that students acquire the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing. An Bord Altranais (2000: 14) further states that safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within complex and changing healthcare environments it is essential that the best available evidence inform practice. We will hear that the Domains of Competence represent a broad enabling framework to facilitate the assessment of pre-registration student nurses' clinical practice and use of theoretical knowledge. In embracing this initiative for the four year degree in nursing programme we have the potential to re-examine the essence and core function of nursing practice and while this poses challenges to us all to develop and implement new instruments for assessment of entrants to the profession we can I suggest take heart from Hager (1995) "Nothing tends so much to the advancement of knowledge as the application of a new instrument. The native intellectual powers of men in different times are not so much the causes of the different success of their labours, as the peculiar nature of the means and artificial resources in their possession."

I wish to reiterate out thanks the Directors of Nursing, the Principal Nurse Tutors, the nurse managers, the nurse tutors, and particularly the nurses in practice involved with the pilot sites and with the development. We in the education department hope you find the next two days valuable and we endeavour to provide a follow-up to this conference in the form of guidelines early next year. THANK YOU

References

1. American Nurses Association, (1998), Strengthening Consumer Protection: Priorities for Healthcare Workforce Regulation. Washington D.C.: author.
2. An Bord Altranais, (2000), Requirements and Standards for Nurse Education programmes, An Bord Altranais, Dublin.
3. An Bord Altranais, (2000), Review of Scope of Practice for Nursing and Midwifery: Final Report, An Bord Altranais, Dublin.
4. Ashworth, Peter, Morrison, Paul, (1996), The Notion of Competence in Nursing, in Expanding the Role of the Nurse, edited by Geoffrey Hunt and Paul Wainwright, Blackwell Science, Oxford.
5. Benner, Patricia, (1984), From Novice to Expert, Addison Wesley, California.
6. Dewey, John, (1938) Experience and Education, Collier Books (1963), New York.
7. Exstrom, Sheila, (2001), The State Board of Nursing and its role on Continued Competency, Journal of Continuing Education in Nursing, Vol., 32 No. 3, p.118-125.
8. Fletcher, Shirley, (1995) Competence-Based Assessment Techniques, Kogan Page, London.
9. Nursing Education Forum (2001) Report of the Nurse Education Forum A strategy for Pre-registration nursing education degree programme, Stationary Office, Dublin.
10. Hager Thomas, (1995), Force of Nature, Simon and Schuster, New York, p 86. (1)
11. ICN Council of national Representatives (2001) ICN on Regulation: Regulation Bulletin, International Council of Nurses, Geneva, No.1, April 2001.
12. Lester, Stan, Chapman, Jenny, (2000) Beyond Conventional Competence: a study of capable people, available at www.devmts.demon.co.uk/capable.htm
13. UKCC (1999) Fitness for practice, United Kingdom central Council for Nursing, Midwifery and Health Visiting, London.
14. Waddell, D. (2001), Measurement Issues in Promoting Continued Competence, Journal of Continuing Education in Nursing, Vol., 32, No. 3 , p.102-106.
15. Waltz, Strickland and Lentz (1991)