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“THE NEXT STEP”

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Good afternoon ladies and gentlemen. We are coming near to the conclusion of today's presentations and I am left with the unenviable task of talking to you about the “The Next Step” in the process of the development and implementation of a competency based assessment tool. I am sure given the presentations that you have heard today that some of you who have yet to put into place a strategy for implementation are beginning to panic about the scope of work that needs to be completed back at base, to coin a phrase. I hope that my presentation will alleviate some of your anxieties by providing you with some practical suggestions as to how the process of development and implementation can be made a little easier.

Over the next twenty minutes or so I intend to focus on one main aspect of strategy development and implementation, that being the subject of “stakeholder preparation.”

This morning Mary Hodson described the strategy adopted by the Sligo site in the development of a clinical assessment competency tool. It is evident from Mary's presentation that the development of the clinical assessment competency tool did not occur in isolation. The working group acknowledged the need to devise a staff development programme to assist clinical staff “embrace” the changes associated with the introduction of competencies and also the need to construct an instrument for educational audit. The need to develop these quality assurance strategies is recognised by An Bord Altranais (1999) in their publication “Requirements and Standards for Nurse Registration Education Programmes”. An Bords, recommendations takes cognisance of the need to prepare the key stakeholders for the changes associated with the introduction of competencies as a means of assessing clinical practice.

At this point in the presentation it is worth reflecting upon the question “Who are the main stakeholders in the process?” as the development and implementation of a successful strategy requires acknowledgement of all of the stakeholders needs and their early and active involvement in the process. Early identification of the key stakeholders investment will assist in the development of systems that aim to protect the stakeholders needs whilst at the same time reducing the possibility of conflict associated with the implementation of change. At a local level a number of key stakeholders are easily identifiable;

- Schools of Nursing
- The University
- Practising Nurses
- Students
- Nursing Management (Service)
- Practice Development Departments

Once the process of local stakeholder identification is completed, stakeholders need to be prepared for the role in the strategy implementation. The process of strategy implementation was

made easier for the Sligo site given the fact that the majority of the members of the working party were members of the pilot programme implementation / evaluation team. This meant that the Sligo working group was able to commence the process of assessment tool development from the outset without the need for any of the working party members having any major form of educational preparation for their role in the process. However some agencies may need to prepare their stakeholders prior to their active involvement in the development of appropriate assessment tools for assessing competence in clinical practice. It is clear that through this form of exposure stakeholders will be able to make informed decisions and contribute more effectively to strategy implementation. In the next section of my presentation I would like to offer some practical suggestions as to the content of such a preparation programme.

In the first instance it is imperative that stakeholders are exposed to the context, which shaped the emergence of competencies as a means of assessing practice, and the rationale for competency based curricula. Some definitions of the terms competency can be presented at this point as well as the established standards for the assessment of practice. Participants could then be given the background to the introduction of competencies here in the Republic of Ireland, the role of An Bord Altranais in this process and the recommendations that emerged from the pilot projects. At this stage participants could then be exposed to the Domains of Competence that emerged from the pilot project and the deliberation of the Competencies Working Party established by An Bord Altranais. A description of the role of the key personnel involved in the process should be offered as well as a description as to how competencies are assessed in practice. You will notice that there is some degree of similarity between this programme and the programme that you received earlier today.

It is important to recognise that the documentation and tool developed by this Sligo site team reflect what the group considered to be the most appropriate model for the local context. It goes without saying that any tool developed by yourselves needs to reflect your local context and it is in this light the suggestions outlined in this presentation are offered. As already mentioned much of the information required to introduce individuals to the concept of competencies is documented in the "Requirements and Standards for Nurse Registration Education Programmes: Second Edition" (An Bord Altranais, 2000) and as Mary Hodson mentioned earlier over 50% of the assessment tool is already written in this text.

It is up to local working parties, comprising of key stakeholders, to formulate the remaining 50% of the assessment tool through the development of critical elements that reflect students' stage in the degree programme. To this end the employment of a taxonomy to inform the development of the assessment tool is recommended. The employment of a taxonomy, or what Neary (200) described as "descriptors", aids the writing of critical elements / competency outcomes and helps to ensure a consistent approach to critical element / competency outcome statement development. This is obviously beneficial for both students and staff involved in the process of competency assessment.

A major challenge exist for educators who are required to change from a traditional perspective of developing and using behavioural objectives to competency based outcomes (Lenburg, 1999) Whereas objectives focus on ways and guidelines for learning and frequently do not reflect practice based capabilities, outcomes are concerned with the end result and require individuals to participate and become more competent. The Sligo working group employed Steiner and Bells (1979) Experiential Taxonomy as a guide to the development of year specific critical elements/ competency outcomes". Some practical suggestions are now offered as to how key stakeholders are exposed to the concept and process of critical element / competency outcome formulation.

Critical elements are defined as discrete, observable behaviours that are mandatory for the designated skill at the targeted level of practice (Lenburg, 1999). These elements are integrated locally with clinical areas specific learning outcomes and vary according to the stage of the students' education. Critical elements are statements of what the student is expected to know, given their particular stage in training, and be able to do at the end of a period of exposure to clinical practice. In this respect critical elements will include in their statements indication to show

that learning has been achieved and are the criterion-referenced performance expected of an individual and though similar in some ways to outcomes critical elements tend to be more singular and specific (Lenburg, 1999).

It is important that critical elements are written in a clear unambiguous manner, are non-technical and reflect the attributes of the intended audience. Effective critical elements will make it easier for students to understand what is expected of them and enable them to take responsibility for their own learning (Neary, 2000). However, a balance needs to be 'struck' between being too specific and 'too broad' as critical elements that are too specific may stifle self-determination and restrict student learning. Some general considerations for the formulation of critical elements / competency outcomes include;

- **Learning outcomes written by several people are usually of better quality**
 - 'Two heads are better than one' and can lead to improvements in critical element /competency outcomes development techniques.
- **Specificity**
 - While outcomes / critical elements need to be comprehensible and clear-cut too much specificity can hinder learning.
- **The number of learning outcomes**
 - No more than 10 outcomes / critical elements is required
- **Words used**
 - The words used should indicate the acceptable standard required, avoid the use of "fuzzies". A qualifying word can be use to aid clarity if required.

Learning outcomes should contain the following;

- A verb to indicate what the learner will be able to do
- Words to indicate how the activity should be done
- Words to indicate the expected standard of performance sought.

Neary (2000) with the aid of Blooms (1965) taxonomy, offers the following as an example of words to suit the correct learning outcome / critical element.

- **Activities giving evidence of knowing**
 - Define, describe, identify, label, list, name, outline
- **Activities giving evidence of comprehension**
 - Interpret, translate, estimate, justify, comprehend
- **Activities giving evidence of application of knowledge/understanding**
 - Apply, solve, construct, demonstrate, show, use, choose
- **Activities giving evidence of analysis**
 - Recognise, distinguish between, break down, compare, contrast
- **Activities giving evidence of synthesis**

- Propose, present, structure, formulate, teach
- **Activities giving evidence of evaluation**
 - Judge, assess, conclude, defend, evaluate **Neary (2000, p59)**

Lenburg (1999) recommendations for the development of “competency outcomes” broadly reflect those put forward by Neary (2000). Competency outcomes should determine what students are expected to do. Lenburg (1999). To this end he suggests the employment of what he describes as “active engagement verbs” i.e. apply, integrate, differentiate, formulate, to describe the level of expected performance. The choice of active engagement verbs is informed by the taxonomy / descriptors chosen to guide the development of the assessment tool. I am now going to describe a useful teaching technique to help individuals gain a better understanding of the process of critical element / competency outcome formulation. This method is known as the “Greek Wedding” technique.

- A large group is requested to split into four smaller groups and through the process of “brainstorming” select appropriate “active engagement verbs”, for each of the four years of the degree course i.e. one group will select active engagement verbs appropriate to first year students, the second group will choose “active engagement verbs” appropriate to second years students, etc.
- At the end of the process the deliberations of all four groups is shared and the active engagement verbs recorded for future reference.
- The four groups then take a different year of the degree programme than in the previous exercise and are asked to select “active engagement verbs” for a specific domain of competency, for each of the four year of the programme, i.e. one group takes the first year, one the second year, etc.
- Each of the groups write their active engagement verbs on sticky labels and at the end of their deliberation a representative from each of the four groups is asked to sit in the middle of the room and is given a badge to indicate the year of the programme that they represent.
- All of the active engagement verbs chosen by the groups are mixed up and then placed on the floor in front of the four representatives.
- At this stage in the exercise you should have four individuals in the centre of the room, each representing first year, second year, third year and fourth year of the degree programme and the floor in front of the representatives will be covered in sticky labels.
- The remaining members of the group are then asked to place the appropriate sticky labels (active engagement verbs) reflecting the level of competencies expected of each of the four-year representatives. At the end of the exercise you should have four individuals in the middle of the room covered in sticky labels.
- Discussion and debate is encouraged throughout the exercise.

I have tried this exercise with a number of groups with feedback suggesting that it helped participants understand the process of critical element development in a very practical and fun manner.

So far I have examined the need to prepare stakeholders and given what I hope are some practical examples as to how this can be achieved. I have focused primarily on preparing the stakeholders involved in strategy development and implementation rather than on students and clinical staff. Locally you will decide as to who will be the key personnel involved in what might be described as the first stage on the development of a competency assessment tool.

These key personnel are likely to include representatives from nurse education, nursing practice, and nursing management. Once the initial working group have developed critical elements for each of the domains for each of the four-years of the programme, the next stage of the strategy is to help clinical staff integrate the critical elements with their clinical areas specific learning objectives.

An integral component of the next stage of the implementation strategy will include the need to provide these individuals with a background to the concept of competencies similar to that given to members of the initial strategy development team. The introduction of a competency based assessment tool has major implications for all of the key stakeholders, hence the need for their early involvement in the implementation stage. Competency based assessment of clinical practice will require students to take more responsibility for their own learning, and may require educators to modify their current teaching styles to include problem based learning, and case studies. Nurse educators will also need to ensure that levels reflected in academic assignments match the level of competence expected of the students in clinical practice. For management and nursing practice there is the challenge of preparing staff for their new role and resolving resource implications associated with the introduction a competency based assessment tool.

I am going to conclude my presentation by quoting what Bargagliotti et al (1999, p1) had to say about introducing change to traditional practice assessment methods. To “successfully change a potentially difficult and controversial system, like performance assessment, requires understanding not only of the changes, but also on, and the significance for, those most effected by the changes”. Through the process of stakeholder identification, stakeholder preparation and the development of a strategic approach to change the investment of stakeholders is protected thereby reducing the possibility for conflict. Failure to acknowledge the investment, involvement and preparation of the key stakeholders will undoubtedly lead to problems for all concerned.

References.

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