

Proceedings of the Assessment of Competence Conference

13 -14 Sept 2001
Fitzpatrick Castle Hotel
Killiney
Co. Dublin

Appendices 1-3

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Appendix 1 - References / Recommended Reading

An Bord Altranais (1998) **The Code of Professional Conduct for each Nurse and Midwife.** Dublin Stationery Office.

An Bord Altranais (1999) **Requirements and Standards for Nurse Registration Education Programmes.** Dublin Stationary Office.

An Bord Altranais (2000) **The Code of Professional Conduct for each Nurse and Midwife.** Dublin Stationary Office.

An Bord Altranais (2000) (2nd Edition) **Requirements and Standards for Nurse Registration Education Programmes.** Dublin Stationary Office.

An Bord Altranais (2000) **Review of Scope of Practice for Nursing and Midwifery - Final Report.** Dublin Stationery Office.

Benner, P., (1984) Cited by: Rolfe, G. (1993) Closing the Theory – Practice Gap: A Model of Nursing Practice. **Journal of Clinical Nursing**, 2, 173 – 177.

Government of Ireland, (2000), **Nursing Education Forum – A Strategy for a Pre-Registration Nursing Education Degree Programme.** Dublin Stationery Office.

Lenburg, (1999) **Framework, Concepts and Methods of the Competency Outcomes and Performance Assessment (COPA Model).** New York.

Neary, M., (2000) **Teaching, Assessing and Evaluation For Clinical Competence – A Practical Guide For Practitioners and Teachers.** London. Stanley Thornes (Publishers) Ltd.

Quinn, Frances M., (1980) **The Principles and Practice of Nurse Education.** (2nd Edition), London. Croom Helm.

Schon, D.A., (ed) (1991) **The Reflective Turn: Case Studies in and on Educational Practice.** New York: Columbia University Press.

Steinaker, N. and Bell, R., (1979) **The Experiential Taxonomy: A New Approach to Teaching and Learning.** New York. Academic Press.

Other sources of reference:

Competency framework adapted from:

- **Higher Diplomas in Critical Care, A&E, and Peri-Operative Nursing - Curriculum 2001**
- Higher Diploma in Behaviours that Challenge, Cregg House, Sligo (2001)
- Pilot Project for the Assessment of Clinical Competence, Sligo Site. (2000)
- Registration/Diploma in Nursing (General) Curriculum 2000 – School of Nursing, SGH.
- Proposed new BNS degree programme – NUI, Galway 2001
- Department of Nursing and Paramedic Sciences, University of Hertfordshire – Guidelines for Student Assessment (Completion of the Practice Profile);
- Romford College of Nursing Assessment 1991
- Researching Professional Education ENB 2000.
- Research Highlights E.N.B. 2000.
- Preparation of Mentors and Teachers (ENB 2001).
- Placements in Focus E.N.B. 2001.
- English National Board & the Open University 2001 – Assessing practice in nursing & midwifery

Appendix 2 - Glossary of Terms

Critical Elements - critical elements will vary according to the year of enrolment in the Bachelor of Nursing Science degree programme and the clinical placement.

They are defined as the set of single, discrete, observable behaviours that are mandatory for the designated skill at the targeted level of practice. They represent principles that are essential to ascribe competence performance. Lenburg (1999).

The critical elements are integrated locally with the clinical area's specific learning outcomes. The learning objectives compliment the critical elements at the initial meeting between the student and the preceptor, at the commencement of the clinical placement.

Learning Plan (Action Plan) – Student needs are met by discussion and agreeing with Preceptors which competencies are to be delivered and assessed. The Learning Plan (Action Plan) serves as a guide for development. The action plan is integrated into the Learning Plan, should a difficulty arise.

Reflection – To enable practitioners to develop the skills required in practice, Schon (1991) advocates a model of professional learning where professionals learn by reflecting within a practicum. There are several key theorists who propose reflection as a learning tool and who have analysed the processes of reflection (Mezirow 1981, Boud et al 1985, Schon 1991, Van Manen 1997). Essentially, reflection involves three key stages, awareness of an issue, analysis of feelings and knowledge, and identification and integration of new learning (Atkins and Murphy, 1993).

Reflection on practice is challenging and students require support in learning environments to facilitate its use. (School of Nursing, SGH, Curriculum 2000)

Reflective Time: - The designated Protected Reflective Time should be inclusive in the learning log and reflective in the achievement of the Domains of Competence. It should be integral to the Domains of Competency document and should take place in the clinical area – interchange of knowledge.

Verifier – the Verifier ensures that all the criteria and standards are met, including a review of the attendance record prior to the final assessment. The Verifier is the Link Tutor, **and must attend the final assessment.**

If difficulties arise, then the verifier must attend the midway and the final assessment, and devise an appropriate action plan.

The Link Tutor/Verifier will have had student and clinical staff contact prior to the final assessment during the allocated Protected Reflective Time. This is seen as a support role to both students and clinical staff.

Appendix 3 - Taxonomy

The assessment of competency from year 1 to year 4 correlates to the theory of experiential learning by Steiner & Bell (1979) Table 1 – Exposure, Participation, Identification, Internalisation and Dissemination (see Glossary of Terms), and represents the level the student has reached from 1st year through to 4th year.

Year	Taxonomic Level	Description	Nursing Applications	Role of Preceptor
1	Exposure	Consciousness of an experience	I see an injection	Motivator
	Participation	Deciding to become part of an experience	I administer an injection	Catalyst
2	Identification	Union of the learner with what is to be learned	I become competent in giving injections	Moderator
3	Internalisation	Experience continues to influence lifestyle	Giving injections is now part of my life	Sustainer
4	Dissemination	Attempt to influence others	I teach other students to give injections	Critic and evaluator

Source: Steiner and Bell 1979.

To apply the principles of Steiner and Bell, we are using the Nursing Process as the theoretical underpinning framework; adapted from the model described by Binneetal 1984. The student development model is the framework, which determines the level expected of the student and the focus for assessment in practice. For clarity, the terms above are described more fully in terms of behaviour and skills that the student will demonstrate in the practical setting. (See Glossary of Terms). It is important to recognise that students will develop at differing rates and will have unique experiences.

Exposure - The student will have observed a competent practitioner carry out aspects of nursing care, shows a willingness and ability to relate the practice observed and its underlying theory, to own previous experience. Is able to analyse and discuss with the practitioner why and how certain aspects of care were carried out, and identifies sources and types of information required to enhance further application of knowledge to the practice observed. (Steiner & Bell 1979).

Identification - The student now shows the ability to participate in the delivery of care under supervision on a more sustained basis with less prompting and greater confidence. Shows greater ability to communicate effectively demonstrates a wish to acquire further information is able to analyse and interpret information and apply problem solving and skills and knowledge base to meeting different situations. (Steinaker & Bell 1979).

Internalisation - The student is able to explain the rationale for nursing action. Requires less supervision whilst caring for a group of patients/clients, is able to transfer knowledge to new situations. Seeks and applies new knowledge and research findings, demonstrates ability to use problem solving skills, and critical analysis and evaluation. (Steinaker & Bell 1979).

Participation - The student is able to participate under close supervision of a competent practitioner in carrying out aspects of care, having demonstrated knowledge by analysis of care participated in, questioning practitioner on aspects of care and its rationale, decision making, practical skills, and means of acquiring further information and opportunities for practice. Shows ability to perform manipulative skills, operationalises communication and problem solving skills with guidance. (Steinaker & Bell 1979)

Dissemination - Plans, implements and evaluates care for a group/clients under minimal supervision. Advises others, shows ability to teach junior colleagues identifies personal management style and shows ability to manage care delivery by junior staff. Critical analysis, evaluation and decision-making skills demonstrated. (Steinaker & Bell 1979).