

Clinical Competencies: Assessing

What is Assessing Clinical Competencies?

- › Assessing clinical competencies involves the utilization of competency assessment tools to determine if a nurse possesses the ability to perform specific tasks in the clinical setting
 - *What:* Clinical competency assessment (CCA) can be defined as the evaluation of a nurse's ability to perform a task based on clinical skills, knowledge, education, and experience. Current recommendations highlight the importance of using more than one assessment tool to produce the most accurate assessment results possible
 - *How:* Ideally, CCAs are conducted on an ongoing basis. Healthcare organizations are expected to continually assess, monitor, maintain, and improve their nurses' clinical competencies as part of their effort to achieve the best patient care outcomes. Multiple CCA tools exist, including peer review, direct observation by a superior/supervisor, and observation of skill performance in simulated settings. Organizational factors, including financial resources and hierarchical structure, influence the competency assessment methods used in a specific healthcare organization
 - *Where:* CCA is an essential component of nurse education and training across clinical settings, including acute and long-term care facilities, outpatient facilities, home care, schools, ambulatory care settings, and occupational healthcare settings
 - *Who:* Depending on the structure of the healthcare organization, CCAs might be conducted by clinical nurse specialists (CNSs; advanced practice registered nurses who function as point-of-care nurse experts, facilitators of evidence-based nursing practice, and mentors to clinical nursing staff members), nurse managers, nurse educators, and/or senior nurses with demonstrated proficiency in clinical task performance and application of critical thinking skills. It is typically the responsibility of nurse managers to maintain records of nurses' competencies (**Figure 1**)



Figure 1: Evaluating the clinical competency of a professional nurse is a continuous process. Copyright ©2014, EBSCO Information Services

Authors

Eliza Schub, RN, BSN

Cinahl Information Systems, Glendale, CA

Helle Heering, RN, CRRN

Cinahl Information Systems, Glendale, CA

Reviewers

Dawn Stone, PhD(c), RN, ANP, COHN-S

Kathleen Walsh, RN, MSN, CCRN

Cinahl Information Systems, Glendale, CA

Nursing Executive Practice Council

Glendale Adventist Medical Center,

Glendale, CA

Editor

Diane Pravikoff, RN, PhD, FAAN

Cinahl Information Systems, Glendale, CA

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What is the Desired Outcome of Assessing Clinical Competencies?

- › The desired outcome of CCA is to gain a realistic view of whether a nurse has the necessary skills and knowledge to consistently perform clinical tasks that are within his or her expected scope of practice

Why is Assessing Clinical Competencies Important?

- › Assessment of clinical competencies is an essential component of undergraduate and graduate nursing education, advancement beyond the orientation phase of employment, and routine performance appraisals in the clinical setting (see *Nursing Practice & Skill ... Employee Performance Appraisals: Conducting*)
- › CCAs provide information about potential knowledge deficits that interfere with successful performance of patient care skills
 - If knowledge deficits exist, the CCA can be instrumental in identifying specific areas of weakness and developing individualized enrichment programs to address those areas, strengthen the nurse’s knowledge base, and enhance clinical task performance
 - Alternatively, the CCA can provide evidence of proficiencies that qualify certain nurses as mentors, teachers, and/or leaders in the clinical setting

Facts and Figures

- › It is widely recommended that CCAs utilize a combination of assessment methods (e.g., not just direct observation) to obtain the most accurate information possible (Clarke et al., 2011;Wilkinson, 2013)

What You Need to Know Before Assessing Clinical Competencies

- › The Joint Commission requires that accredited institutions assess their employees’ competencies. The *Elements of Performance* related to Joint Commission Standard PI.02.01.01, which requires hospitals and long-term care organizations to compile and analyze data, states: “When the (HAP: hospital); (LTC: organization) identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes. Adequacy of staffing includes the number, skill mix, and competency of all staff. In their analysis, [hospitals and long term care organizations] may also wish to examine issues such as processes related to work flow; competency assessment; credentialing; supervision of staff; and orientation, training, and education” (Joint Commission, 2016)
- › Clinical competency is an important part of safe patient care. One study in Korea asked 335 nurses to complete a questionnaire about their professional quality of life, their clinical competency, and personal characteristics (e.g., demographics). The result showed that nurses who had high clinical competence also scored high in compassion and satisfaction, and low in professional burnout (Kim et al., 2015)
- › Registered nurses in the United States are expected to function competently within their scope of practice through the consistent application of sound clinical and critical thinking skills in accordance with the facility’s policies and procedures, the Nurse Practice Act enacted by the legislature of the state in which the nurse is licensed, and the Scope and Standards of Practice published by the American Nurses Association (ANA).
 - The 2015 publication of *Nursing: Scope and Standards of Practice (3rd Edition)* published by the ANA outlines the professional scope and standards of practice for registered nurses in the U.S. According to the ANA, the “Standards of Professional Nursing Practice are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently” (American Nurses Association, 2015)
 - The ANA Standards of Practice incorporates the following six steps (assessment, diagnosis, outcomes identification, planning, implementation and evaluation [ADOPIE]) in the definition of the nursing process:

Standard	Description
1. Assessment	Comprehensive data collection pertinent to the patient’s needs and situation
2. Diagnosis	Analysis of data and formulation of diagnoses based on the patient’s health needs and situation
3. Outcomes Identification	Identification of expected outcomes for an individualized plan of care

4. Planning	Development of an individualized plan of care that outlines how outcomes will be achieved
5. Implementation	Coordination of care; health teaching and health promotion; consultation (for graduate-level prepared specialty nurses or advanced practice registered nurses); prescriptive authority and treatment (for advanced practice registered nurses)
6. Evaluation	Assessment of progress toward meeting desired outcomes

- For more information about the nursing process as it applies to clinical competency, see *Evidence-Based Care Sheet: Critical Thinking: The Nursing Process and Competent Patient Care*
- For information specific to the evaluation of critical thinking in the clinical setting, see *Evidence-Based Care Sheet: Critical Thinking: Evaluation of Critical Thinking Skills*

› Clinical competencies in nursing are central to high-quality patient care. It follows that CCA is an essential component of professional development and quality improvement efforts. Despite its individual and organizational importance, defining and measuring *competency* in clinical nurses is a challenging task; there is no universally accepted definition of the term, and there is a lack of evidence-based data to support the validity and objectivity of commonly used competency assessment methods

- In a review of 54 articles published between the year 2000 and 2007, commissioned by the National Cancer Nursing Education Project in Australia, the authors found that most studies on CCA were descriptive, reporting qualitative findings rather than evidence-driven data on the validity and reliability of competency assessment tools. According to the authors of the literature review, no assessment method has been proven superior and further studies are necessary to develop evidence-based guidelines for CCA. The assessment methods described in the 54 reviewed articles, along with a brief overview of their limitations, include the following (EdCaN, 2008):

Method	Description	Limitations
Continuing education (CE)	Participation in professional development courses/ seminars	Difficult to quantify effect on clinical competencies
Peer review	Evaluation process whereby nurses assess and provide feedback regarding one another's performance compared to established standards	Requires that the reviewer completely understands the individual's role expectations; can elicit anxiety in both parties, possibly skewing assessment results; relies on the availability of peers; can be subject to bias
Self-assessment	Use of self-reflection to rate knowledge, skills, and performance	Highly subjective; time-consuming

Portfolio	Collection of evidence by the individual being assessed to demonstrate acquisition/maintenance of skills, knowledge, and attitudes; includes self-reflection and action plan development	Time consuming for the individual being assessed and the assessor; can be biased in favor of individuals with good written communication skills
Direct observation	Visual assessment by a CNS, nurse manager, or other clinician/educator as the individual performs specific tasks	Is a one-time assessment that does not account for the possibility that the nurse is having a “good day” or a “bad day”; can elicit anxiety in the individual performing the task, possibly leading to poor performance
Objective Structured Clinical Examination (OSCE)	Participation in a series of structured activities that test knowledge and skill in a variety of clinical areas; participants rotate through activities, one after the other; OSCEs allow participants to practice skills in a controlled setting	Costly; time-consuming; potentially stressful and intimidating; of note, although OSCE has not been shown to accurately measure clinical competencies, it has been shown to improve participants’ ability to perform tasks
Patient outcomes or surveys	Use of patients’ reports to evaluate nurses’ competencies	Can be confounded by overemphasis on “caring” aspects of nursing role; patients may be reluctant to make any negative comments for fear that care will be jeopardized

- › Specialty certification (e.g., offered by the American Association of Critical-Care Nurses [AACN], the American College of Nurse Midwives, and the Rehabilitation Nursing Certification Board, among other professional organizations) is a means of achieving recognition for advanced knowledge in a specific area of nursing practice. Certification requires nurses to meet specified eligibility requirements, such as number of years in practice, education level, and completion of standardized testing. Although certification can be viewed as an indication of clinical competence, research findings do not consistently support a correlation between specialty certification and improved patient outcomes (Huston, 2014)
 - Additional CCA tools reported in the literature include
 - computer-mediated learning courses/modules, which may contain a posttest to evaluate learners’ understanding of the material
- › video recording and analysis
- › clinical competency fairs
- › In her widely known 1982 work entitled, *From Novice to Expert*, Patricia Benner discussed the evolution of nurse clinicians with time and experience from novice nurses first to advanced beginners, then to competent nurses, then to proficient nurses, and finally to expert nurses
 - One interesting point Benner addressed was the tendency of healthcare organizations to “reinforce institutionally” the perception that the competent level of nursing is most valuable. According to Benner, the “standardization and routinization of procedures, geared to manage the high turnover in nursing, most often reflect the competent level of performance. Most

in-service education is aimed at the competent level of achievement; few offerings are aimed at the proficient or expert level of performance” (Benner, 1982)

- › Preliminary steps that should be performed by a nurse manager before assessing clinical competencies include the following:
 - Become knowledgeable about facility-wide and unit-specific practices for assessing clinical competencies; maintain awareness that assessment processes and tools can differ among and within organizations
 - Verify that nurses on your unit are familiar with the facility/unit specific procedure for CCAs
 - If necessary, introduce nurses to the method(s) of assessment utilized in your organization
 - Explain the need to assess competencies on an ongoing basis, including at the time of hire, throughout orientation, and throughout employment. Discuss with nurses
 - why new competencies are periodically introduced (e.g., as **quality improvement [QI]** initiatives or due to development of new treatment or equipment)
 - that a constructive process (i.e., action plan) will be utilized to correct any knowledge deficits identified; highlight that competency assessments are intended to enhance patient safety and outcomes, as well as enhance nurses’ professional development and competence
- › Gather necessary materials, which will vary but might include
 - written assessment tools (**Figure 2**)

SKILL COMPETENCY CHECKLIST	
Physical Assessment: Cardiovascular Assessment in Adults	
Standard Met/Initials	Competency Areas
	Prerequisite Skills
	Knowledge that the cardiovascular assessment is an evaluation of the effectiveness of the heart's ability to pump blood through the circulatory system to deliver oxygen and remove waste products (i.e., carbon dioxide) from the body
	Demonstrating competence in physical assessment of adults and interviewing skills, including knowledge of inspection, auscultation, palpation, and percussion
	Knowledge of physiologic abnormalities that can be identified during the cardiovascular assessment
	Knowledge of the normal parameters for vital signs in adults
	Preparation
	Reviews the facility protocol for performing physical assessment
	Follows facility protocols for identifying the patient and obtaining signed informed consent
	Confirms whether or not the patient is allergic to latex or other procedure materials. If so, uses alternative materials
	Assembles supplies: <ul style="list-style-type: none"> • Nonsterile gloves and other personal protective equipment (PPE, e.g., gown, mask) depending on the patient's infection status • An appropriately sized stethoscope for the patient • Alcohol swabs • Watch or clock with a second hand • Appropriately size sphygmomanometer for the patient • Thermometer
	Procedure
	Assesses the patient and family for knowledge deficits and anxiety regarding performing a cardiovascular assessment. Provides additional information and emotional support as needed <ul style="list-style-type: none"> • Evaluates whether the patient/family requires special considerations regarding communication (e.g., because of illiteracy, language barriers, or deafness). Makes arrangements to meet these needs, if present.
	Performs hand hygiene and don PPE
	Identifies the patient per facility protocol
	Provides privacy by closing the door to the patient's room or drawing the bed curtain
	Assesses the patient and family for knowledge deficits and anxiety regarding performing a cardiovascular assessment <ul style="list-style-type: none"> • Determines if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); makes arrangements to meet these needs if they are present <ul style="list-style-type: none"> • Uses professional certified medical interpreters, either in person or via phone, when language barriers exist

Figure 2: Skill competency checklists are tools that standardize competency assessments and maintain a record of an employee’s clinical competencies. Copyright ©2014, EBSCO Information Services

- competency records
- other documentation pertaining to the employee’s clinical competencies (e.g., peer review notes)

How to Assess Clinical Competencies

- › Follow the facility/unit specific protocol for CCAs; depending on organizational factors, including staff size, hierarchical structure, and financial resources, the nurse manager might take a direct or indirect role in the competency assessment procedure by
 - directly observing clinical skill performance
 - distributing, collecting, and evaluating approved employee self-assessment forms
 - evaluating nurses’ strengths and weaknesses based on peer review data, patient outcomes, or patient survey data

- arranging for nurses to participate in computer-mediated learning modules/courses and gathering data about posttest scores and areas for improvement
 - encouraging nurses to earn CE credits for attendance in courses/seminars relevant to their practice
 - frequently consulting with nurse preceptors on the unit to gather information about the progress of newly hired nurses (for more information on preceptorship, see *Evidence-Based Care Sheet: Precepting Pre-licensure Nursing Students and New Nurse Graduates*)
 - collaborating on a facility-wide basis (e.g., with other managers, nurse leaders, clinical staff members, CE/staff department members) to plan and implement competency assessment fairs and/or OSCEs
- › Advocate for fairness during the assessment by promoting the following conditions:
- The assessor has received the training necessary to fulfill this role
 - More than one assessment tool is used, if possible
 - The assessment tools have been carefully selected to avoid bias, reflect the clinical environment, and reflect the role expectations of the nurse being assessed
 - Any feedback provided to the employee is delivered in a sensitive and confidential manner; the assessor is aware that the employee might feel vulnerable and disempowered by the process if not handled sensitively and constructively
- › Maintain competency records for each nurse assessed; keep one copy on the unit and send one copy to a central location (e.g., human resources department or education department) depending on the established practice at your facility

Other Procedures that Can Be Necessary Before or After Assessing Clinical Competencies

- › The results of the CCA will be reviewed by the RN and his/her manager and an action plan will be implemented to correct any weaknesses
- If knowledge deficits are identified, the CCA will guide the development of an individualized action plan to address weaknesses, strengthen the nurse's knowledge base, and enhance clinical task performance

What to Expect After Assessing Clinical Competencies

- › The results of the CCA will reveal whether the nurse has the necessary skills and knowledge to consistently perform clinical tasks that are within his or her expected scope of practice
- › A competency record for each nurse will be maintained and updated on an ongoing basis

Red Flags

- › Although CCA information may be incorporated into the annual performance appraisal, these two methods of employee evaluation are not identical; CCAs aim to evaluate whether a nurse has the ability (e.g., education base, experience, technical skill) necessary to perform functions, while performance appraisals evaluate how well those functions have been carried out in clinical situations over a given period of time

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