American Nurses Association

DRAFT Position Statement on Competence and Competency DRAFT

Purpose

The purpose of this position paper is to define competence and competency within the context of current and projected professional directions. This position statement also identifies principles addressing competence in the nursing profession. Initiatives such as the development of the scope and standards of nursing practice, creation of educational curricula, formulation of a research agenda, and revision of the model nurse practice act and other regulatory requirements demand that ANA take a position on this important nursing issue. The work of other professional groups on this topic, i.e. National Council of State Boards of Nursing (NCSBN), nursing specialty groups, and other professional groups, has been reviewed.

Statement of ANA Position

ANA believes that the public has a right to expect nurses to demonstrate competence throughout their careers. The nursing profession must shape and guide any process for assuring nurse competence. Regulatory bodies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. The nurse is individually responsible and accountable for maintaining competence. Assurance of competence is the shared responsibility of the profession, regulatory bodies, employers, individual nurses, and other key stakeholders. Competence is definable, measurable, can be evaluated, and context determines what competencies are necessary. The measurement criteria included with each ANA standard of nursing practice "are key indicators of competent practice for each standard. For a standard to be met, all the listed measurement criteria must be met" (ANA, 2004, p. 5). Therefore, the measurement criteria are the competence statements for each standard of nursing practice and of professional performance.

Previous Position Statements

In May 1999, the ANA Board of Directors appointed an Expert Nursing Panel on Continuing Competence with representation from the State Nurses' Associations (SNA), the ANA Board, the American Nurses Foundation (ANF), and the American Academy of Nursing (AAN), the American Nurses Credentialing Center (ANCC), the Nursing Organizations Liaison Forum (NOLF), and the National Council of State Boards of Nursing (NCSBN). This group was charged to develop policy recommendations and an action plan with a proposed research agenda. In August 1999, the ANF Board funded a grant titled "The Profession's Action for Continued Competence" to support this work. The ANA Board received the report of the Expert Panel and authorized review and comments to be sought from the Constituent Member Associations (CMA), the United American Nurses (UAN), the Congress on Nursing Practice and Economics (CNPE), and other related entities. (ANA, 2000)

In 2002, the Expert Panel proposed the Continuing Professional Nursing Competence (CNPC) Process to the ANA House of Delegates. This proposed process incorporated the development of

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portfolios by individual nurses to document ongoing activities related to the demonstration of continuing competence. The resultant discussion indicated the need for further exploration of this topic.

In 2005, the ANA's Committee on Nursing Practice Standards and Guidelines began a working paper about competence and its relationship to the ANA's *Nursing: Scope and Standards of Practice* (ANA, 2004) document. This paper was presented to the Congress on Nursing Practice and Economics (CNPE) in November 2006 for continued development.

Supportive Material

The ANA's *Nursing's Social Policy Statement* (2003) and *Nursing: Scope and Standards of Practice* (2004) state that: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations." Therefore, the primary purpose for ensuring competence is the protection of the public (ANA, 2003). A secondary purpose for ensuring competence is the advancement of the profession through the professional development of nurses.

<u>Definitions and Concepts in Competence</u>

- An individual who demonstrates "<u>competence</u>" is performing successfully at an expected level.
- A "<u>competency</u>" is an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment.
- The integration of knowledge, skills, abilities, and judgment occurs in formal, informal, and reflective learning experiences.
- Knowledge encompasses the scope of practice, standards of practice, and standards of professional performance; content from science and the humanities; and practical experience and personal capabilities.
- Skills include psychomotor, communication, interpersonal, and diagnostic skills.
- Ability is the capacity to act effectively and requires listening, integrity, self-knowledge of strengths and weaknesses, positive self-regard, emotional intelligence, and openness to feedback.
- Judgment includes critical thinking, problem solving, ethical reasoning, and decision-making.
- Formal learning most often occurs in structured, academic, and professional development environments, while informal learning can be described as experiential insights gained in work, community, home, and other settings. Reflective learning represents the recurrent thoughtful personal self assessment, analysis, and synthesis of strengths and opportunities for improvement, and may include the creation of an identified plan for professional development strategies and activities, like a professional portfolio.

<u>Competence and Competency in Nursing Practice</u>

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Competent registered nurses can be influenced by the nature of the situation, which includes consideration of the setting, resources, and the person. Situations can either enhance or detract from the ability to perform. The competent registered nurse influences factors that facilitate and enhance competent practice. Similarly the nurse seeks to remove barriers that constrain competent practice.

The ability to perform at the expected level requires a process of life long learning. Registered nurses must continually reassess their competencies and identify needs for additional knowledge, skills, personal growth, and integrative learning experiences.

The expected level of performance reflects variability, i.e. Benner's novice to expert model (1982), when defined using a particular framework. Examples of such frameworks for registered nurses include, but are not limited to:

- *Nursing: Scope and Standards of Practice* (ANA, 2004)
- Specialty nursing scope and practice standards
- Academic and professional development models (AACN, 1998)
- Credentialing and privileging requirements
- Evidence-based policy and procedures
- Statutory and regulatory language

ANA's *Nursing: Scope and Standards of Practice* (2004, p.1) is the document defined and promoted by the profession that "describes a competent level of nursing practice and professional performance common to all registered nurses." Each standard is an authoritative statement "...by which the nursing profession describes the responsibilities for which its practitioners are accountable" (ANA, 2004, p.1) and "...by which the quality of practice, service, or education can be evaluated" (ANA, 2004, p.49). Further detailing of the expected level of performance can be represented as specific competencies or measurement criteria for each nursing process component or professional performance category. Each measurement criterion is a behavioral, cognitive, or motor competency required for the individual to be able to function in accordance with each standard.

Other Organizations' Statements

In 1999 the Institute of Medicine (IOM) recommended the implementation of periodic reexamination and relicensure of physicians, nurses and other health care providers based on competence and knowledge of safety practices (IOM, 1999). In *Crossing the Quality Chasm: A New Health System for the 21st Century*, the IOM cited that "There are no consistent methods for ensuring the continued competence of health professionals within the current state licensing functions or other processes" (IOM, 2001). The IOM has identified five competencies for all health care providers: patient centered care, interdisciplinary team, evidence-based practice, quality improvement and informatics. (IOM, 2002)

The National Council of State Boards of Nursing defines competence as "the application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, within the context of public health, safety and welfare" (NCSBN, 1996, p. 5). NCSBN holds that continued competence is a critical regulatory issue for Boards of Nursing.

The American Association of Critical Care Nurses (AACN) Synergy Model for patient care identifies nurse competencies of concern to patients, clinical units and systems. The core concept of the AACN Synergy Model is that the needs or characteristics of patients and families influence and drive the characteristics or competencies of nurses. These competencies include: clinical judgment, advocacy and moral agency, caring practices, collaboration, systems thinking, response to diversity, facilitation of learning, and clinical inquiry (AACN, 1999).

The Vermont Nurse Internship Project uses Lenburg's *Competency Outcomes Performance Assessment* which includes: assessment and intervention, communication, critical thinking, human caring relationships, management, leadership, teaching, and knowledge integration skills (Lenberg, 1999). This Internship Model describes competency development to support new and transitioning nurses. The outcome builds individual and environmental capacity for professional development, successful transition and retention (Boyer, 2002).

The Texas Board of Nurse Examiners' *Differentiated Entry level Competencies of Graduates of Texas Nursing Program* (2002) has organized competencies according to three major roles of the nurse: Provider of Care, Coordinator of Care, and Member of Profession. Fourteen broad competency statements describe the expected behaviors of the graduate and serve as guidelines for utilization of new graduates in practice settings and the development of plans for building upon competencies (e.g., orientation programs, job descriptions, clinical ladders.). The competencies are then further described in terms of "knowledge needed to achieve the competency" and related "clinical behaviors and judgments." A major difference among the competencies for the three levels of educational preparation is the target client: beginning with the individual at the LPN level and broadening to families and groups at the BSN level.

The Joint Commission requires hospitals to assess the competency of employees when hired and then regularly throughout employment. According to The Joint Commission (2007, p. 346) "competence assessment is systematic and allows for a measurable assessment of the person's ability to perform required activities. Information used as part of competence assessment may include data from performance evaluations, performance improvement, and aggregate data on competence, as well as the assessment of learning needs."

Evaluating Competence

The ANA Standards of Practice and Standards of Professional Performance "are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable". (ANA, 2004, p. 1) The measurement criteria included with each standard "are key indicators of competent practice for each standard. For a standard to be met, all the listed measurement criteria must be met". (ANA, 2004, p. 5) Therefore, the measurement criteria are the competence statements for each standard of nursing practice and of professional performance.

Competence in nursing practice must be evaluated by the individual nurse, nurse peers, and nurses in the roles of supervisor, coach, mentor, preceptor. In addition, other aspects of nursing performance may be evaluated by interdisciplinary colleagues and patients/clients.

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Competence can be evaluated by using objective and subjective data in a combination of the following tools as appropriate to the specific situation and the desired outcome of the competence evaluation, i.e. knowledge base, actual performance, etc. Various tools and methods are used to evaluate competence, such as: direct observation, patient records, portfolio, demonstrations, skills lab, performance evaluation, peer review, credentialing, privileging, simulation exercises, computer simulated and virtual reality testing, targeted continuing education with outcomes measurement, employer skills validation and practice evaluations.

Recommendations: The ANA supports the following principles in regard to competence in the nursing profession:

- The public has a right to expect nurses to demonstrate competence throughout their careers.
- The nursing profession must shape and guide any process assuring nurse competence.
- Regulatory bodies define minimal standards for regulation of practice to protect the public.
- Employers are responsible and accountable to provide an environment conducive to competent practice.
- Nurses are individually responsible and accountable for maintaining competence.
- Assurance of competence is the shared responsibility of the profession, individual nurses, regulatory bodies, employers, and other key stakeholders.
- Competence is definable, measurable, and can be evaluated.
- Context determines what competencies are necessary.
- The measurement criteria are the competence statements for each standard of nursing practice and of professional performance.

Summary

As the professional association representing the profession of over 2.9 million nurses, ANA provides the leadership position on the complex issue of assuring competence of the nursing workforce.

The definitions of competence and competency and the accompanying descriptions of related concepts should be included in the ANA scope and standards documents. This information should also be used to guide nursing education, staff development, credentialing, and legislative and regulatory initiatives. Dissemination can be accomplished through publication in *The American Nurse, American Nurse Today,* www.nursingworld.org, and educational programs across the country.

References

American Association of Colleges of Nursing. (1998). *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Washington, DC:AACN.

American Association of Colleges of Nursing Task Force. (1996). *The Essentials of Master's Education for Advanced Practice Nursing*. Washington, DC: AACN. Available at http://www.aacn.nche.edu/Education/mastessn.htm.

American Association of Critical Care Nurses. (1999). *The AACN Synergy Model for Patient Care.* Retrieved March 27, 2007 from http://www.certcorp.org/certcorp/certcorp.nsf/vwdoc/SynModel

American Nurses Association. (2000). *Continuing professional nursing competence: Nursing's agenda for the 21st century.* Silver Spring, MD: nursebooks.org.

American Nurses Association. (2003). *Nursing's social policy statement*. 2nd edition. Washington, DC: nursebooks.org.

American Nurses Association. (2004). *Nursing: Scope and standards of practice*. Silver Spring, MD: nursebooks.org.

American Organization of Nurse Executives. (2005). *AONE Nurse Executive Competencies.*

Benner, P. (1982). From novice to expert. *American Journal of Nursing. 82*(3), 402-407.

Board of Nurse Examiners for the State of Texas and the Texas Board of Vocational Nurse Examiners. (2002) *Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs*.

Boyer, S. (2002). *Vermont nurse internship project—a transition to practice model.* Retrieved February 15, 2007 from www.vnip.org

Institute of Medicine. (1999). *To Err is Human.* Washington, DC: National Academies Press.

Institute of Medicine. (2001). *Crossing the quality chasm.* Washington, DC: National Academies Press.

Institute of Medicine. (2002). *Who will keep the public healthy: Educating health professionals for the 21st century.* Washington, DC: National Academies Press.

Lenburg, C. (1999): The Framework, Concepts and Methods of the Competency Outcomes and Performance Assessment (COPA) Model. *Online Journal of Issues in Nursing*. Available http://www.nursingworld.org/ojin/topic10/tpc10_2.htm

National Council of State Boards of Nursing. (1996). *Assuring competence: A regulatory responsibility.* Chicago: Author.

The Joint Commission. (2007).*Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Oakbrook Terrace, IL: The Joint Commission.

Whittaker, S., Carson, W., & Smolenski, M. (2000). Assuring continued competence-Policy

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1 questions and approaches: How should the profession respond? *Online Journal of Issues in*
2 *Nursing,* Retrieved February 15, 2007 from
3 http://www.nursingworld.org/ojin/topic10/tpc10_4.htm

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