

The EXPERIENCE
of DEVELOPING
CLINICAL
COMPETENCY
DESCRIPTORS:

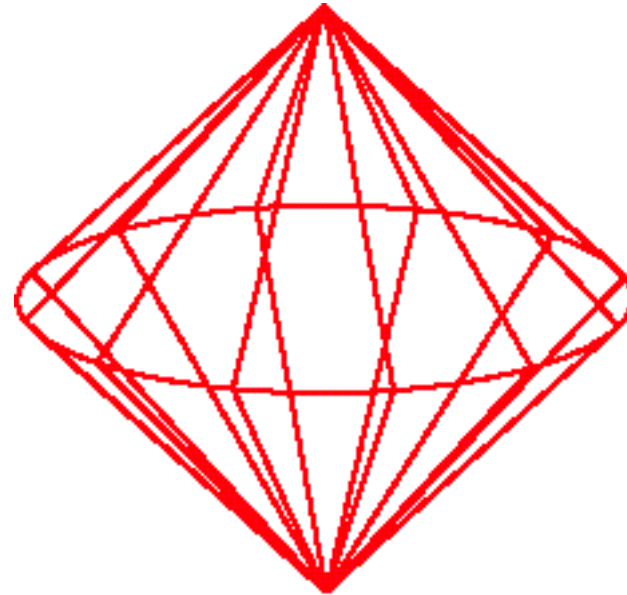
some shared views



QA
CPD

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Introduction

No healthcare professional working in Scotland should be in any doubt any longer that lifelong learning is an optional extra.

The Scottish Executive has stated explicitly its commitment to developing a learning culture. Individuals will take responsibility for maintaining and updating their skills and knowledge. The quality of care and maintenance of safe clinical environments will be the organisation's responsibility. Education and training are key elements in this partnership.

The Scottish Executive's medium-term approach was enshrined in *Learning Together*, the strategy for education, training and lifelong learning (Scottish Executive Health Department 1999a).

In April 2000 the NBS published *Strength through Partnership: A Framework for Quality Assuring Continuing Professional Development in NHS Trusts in Scotland*. This multimedia package combines standards for quality assuring continuing professional development (CPD) provision with competency-based learning collated in a portfolio. But it had begun life as separate projects.

The portfolio had initially been prepared to accommodate some of the CPD needs of enrolled nurses. But during the pilot phase for the portfolio's development, its versatility became apparent. Practitioners and board officers could see that it would serve as a vehicle for the development of packages of clinically specific competency descriptors. It was then linked with the Quality Assurance Framework for CPD (QACPD) in NHS trusts in Scotland, and groups interested in the development of competency descriptors were encouraged to adopt the portfolio and apply the QACPD standards in their areas. They were also advised on how to develop education initiatives in collaboration with higher education institutions in cases where interest was expressed.

In the past year there has been a steady increase in the number of approaches to the NBS for assistance in the production of clinically specific 'portfolio routes to enhanced competence' (**Box 1**).

“Supporting quality health care through learning depends on building alliances with a wide range of people and groups. Each may have a different role to play but they all have a wide responsibility to work in partnership: individuals need to be encouraged to take responsibility for developing their own potential; [and] NHS employers in Scotland have a responsibility to support and manage staff development, both to improve the quality of services and motivate their staff.”

Scottish Executive Health Department 1999a

Box 1. Competency work in Scotland involving the NBS

Title	Timescale
Critical Care	Completed 2000
Infection Control	Completed 2000
Forensic Nursing	Completed 2001
TB Contact Tracing	Completed 2001
Administration and Safe handling of Chemotherapy	Autumn 2001
Consultant Nurses	Autumn 2001
NHS 24	Autumn 2001
Epilepsy	Autumn 2001
Neonatal Nursing	Commenced 2001
Ophthalmic Nursing	2002
Perioperative Nursing	2002
Mental Health Competencies	2001/2
Tissue Viability (Specialist Nurses)	2001/02

“Delivering a quality service depends on having staff with the right competencies – the skills, knowledge and attitudes – for the task in hand.”

Scottish Executive Health Department 1999a

Works in Progress

Six projects currently in progress across Scotland are good examples of the competency-based approach in action. In practice areas as diverse as critical care, portfolio development with enrolled nurses, forensic mental health, infection control, perioperative nursing and tissue viability, practitioners have been benefiting from a competency-based approach to continuing professional development (**Box 2**).

What links the projects is the support that the NBS has been able to give them in developing a competency-based approach to education and training, and they have all to a greater or lesser degree, embraced the QACPD portfolio as part of the project.

The projects have developed to different stages. And the distinctive aspects of each practice specialty have placed different demands on the competency approach. But they each share similarities which demonstrate some of the strengths of competencies, and some of the benefits that can accrue to individual practitioners and healthcare organisations as well as, ultimately, patients and clients.

These projects provide just a snapshot of the work that is being replicated across the country. The picture they develop is a record of how much has been, and is being, achieved in competency-based learning. This publication is meant to provide encouragement and 'food for thought' for others wrestling with the same problems and issues.

Box 2. Route to Enhanced Competence: six projects in progress

A national portfolio route to enhanced competence in critical care

Qualified nurses recruited into critical care areas with little or no post-registration experience are being helped to ensure they are fit to practise safely. Following a national project to develop core competencies for the delivery of high quality critical care nursing, a six-month course began running in August 2000 that combines competency-based portfolio-building with theory, written assignments and learning sets. Dorothy Armstrong, a nurse teacher in the Department of Nursing, Lothian University Hospitals NHS Trust, has been involved in the project since its inception. Entry criteria for the course are quite specific – it was designed to meet a need identified in a large city trust with several different types of critical care area – so registered nurses who have completed an induction programme and are working in a critical care area are eligible. This includes qualified nurses working in general ITU, high dependency areas, liver transplant and cardiac surgery. Students who successfully complete the course will be issued with a certificate from the trust and, in addition, demonstrate work at SCOTCAT level 3 (30 points) – the course is expected to be submitted for academic accreditation by Napier University and professional approval by the NBS under the Board's arrangements for the approval of professional courses.

Portfolio development with enrolled nurses

Enrolled nurses considering embarking on a conversion course to first-level registration are able to undertake foundation work on a six-month course that helps them to assess their own competence in any chosen area of practice. The course will also help them to develop a range of skills that will support them in any future development. Margaret Brown, Senior Practice Development Nurse at the South Glasgow Universities NHS Trust and colleagues in the practice development unit at the trust, guide nurses through literature searching and critiquing, accessing and using libraries, research and evidence-based learning, and returning to study. Students also work through assessing competence in an area of practice using a competency tool developed by the Professional and Practice Development Nurses Forum Scotland (1997), and building a portfolio as evidence of their attainment. Written assignments build on aspects of practice and study that working through the course raises for the students themselves.

A national portfolio route to enhanced competence in forensic mental health

Attention on the forensic services provided for the vulnerable group of people who experience complex mental health problems is fast increasing. The development of a network linking new and existing services for mentally disordered offenders (MDOs), outlined by the Scottish Executive in a review of service provision (1999b), meant that clinical staff had to develop additional competencies related to caring for patients in both inpatient and community settings.

Practitioners and organisations who care for these people, and also those who are perhaps not familiar with caring for people with such problems, now have a competency-based portfolio designed to enable them to plan, deliver and provide evidence of CPD activity. Carol Watson, who was the Senior Nurse for Practice Development at the State Hospital Carstairs and seconded part-time to work at the NBS as a professional officer, worked with colleagues in the service and from the Scottish Executive Health Department, the NBS, Clinical Standards Board for Scotland, the Scottish Health Advisory Service, education and user/carer organisations to develop the package. Nurses in forensic mental health settings will use the framework it provides to reflect on past experience and learning to gauge their level of competence and identify any gaps in their knowledge, skills and attitudes. Through it they should be able to identify sources of learning and evidence of good practice. In conjunction they build up a portfolio of evidence to support their claims to competence in the areas of forensic mental health practice covered in the competencies.

A national portfolio route to enhanced competence in infection control

As the control of infection in clinical areas moves ever higher up the list of priorities for NHSScotland, qualified nurses, and indeed other professional groups such as PAMs, are now able to enhance their knowledge under the supervision of experienced infection control nurses. The content of the course in infection control is applicable to all areas in acute hospitals and in the community. It is a practice-based course which relies on participants' ability to direct their own learning and requires them to build up a portfolio of

evidence to demonstrate attainment of competencies. Successful completion of the course would allow students to claim accreditation of prior learning for 15 SCOTCAT points at level 3. Maggie McCowan, Senior Nurse in Infection Control at South Glasgow University Hospitals NHS Trust, approached the NBS for advice.

Subsequently, a working party was set up with colleagues from the Infection Control Nurses Glasgow Group to draw up the competencies in conjunction with the NBS and the Scottish Centre for Infection and Environmental Health (SCIEH). The competencies were based on the Infection Control Nurses' Association (ICNA) competencies for infection control nurses and were adapted for nurses and PAMs.

Perioperative nursing: a partnership approach with higher education

The scope of what used to be known simply as theatre nursing has expanded significantly in the last decade. Perioperative practice now includes many more aspects of the patient's surgical journey and nurses in the west of Scotland with relatively little experience of perioperative practice are having their basic competence in this specialty assessed through a competency-based course. Practice assessors guide students through practical assessment and portfolio building. Knowledge and theory is developed on study days attended over the six-month duration of the course and assessed in written assignments. A critical incident approach is used for in-depth evaluation of ten of the 30 key criteria in the competencies. Diane Fotheringham is the course's coordinator and a lecturer based at the School of Nursing and

Midwifery at Paisley University. She worked in partnership with a team of practitioners from across the west of Scotland, with input from the NBS, to develop and agree a package of competencies that are the foundations of the course. Successfully completing the course attracts 30 SCOTCAT points at level 3.

Tissue viability: a specialist approach

Tissue viability is an area of nursing practice that cuts across all the specialties in all healthcare settings – acute care, mental health, community care, long-term care. Nurses from the National Association of Tissue Viability Nurse Specialists (Scotland) have been working on a set of competencies for their practice that will allow them and others that become tissue viability nurses in the future, to define their role, assess their competence and advance their practice. This approach will help to clarify the contribution this group of specialist nurses can make to improved patient care. Alison Finnie, Chair of NATVNS (Scotland) and a lecturer in the department of Nursing and Midwifery at Stirling University, and Joyce O'Hare, Tissue Viability Nurse Specialist at Forth Valley Primary Care Trust, and a member of NATVNS, travelled on an NBS-sponsored study tour to Australia to evaluate progress made on competency-based education. The information they brought back will help to shape the final version of the project. Many issues remain to be resolved at this stage, but the group expect to have their competency framework in place for implementation at the end of 2001.

Why Competencies?

While policies and strategies endorse competencies for CPD, what are some of the features that, in practice, suit the competency-based approach to the task of guiding the development of professional people? In each of the six projects the participants are clear about their answer to the question ‘why competencies?’.

Maggie McCowan believes that the approach offers a clear message to practitioners about CPD. *“I think you’re saying to do this job effectively this is the knowledge you need, this is how you can get it, this is how you could apply it and this is how you could learn from it and reflect on it. It’s a live thing, it’s not sitting down burning the midnight oil, just reading dusty tomes – it’s something you carry with you everyday of your practice,”* she says.

Another strength is that it can be applied to any role at any level – according to Carol Watson, *“whether that’s a D grade staff nurse, or a G grade ward manager or a specialist. It allows you to look at knowledge, skills and attitudes specific to a role in “bite-size” chunks on which practitioners can focus their CPD,”* she explains. And Carol is confident that the competency-based approach, properly handled, provides more sophisticated education and training than simply learning a series of tasks. *“There’s no doubt in my mind at all that nursing is more than just a collection of competencies,”* she says, *“but skilful competency design can bring in many of those aspects – ethical issues, overarching principles that underpin nursing, the attitudes – that make up the complexity of nursing.”*

This theme of capturing the essence of what it is that nurses do, runs through all six projects. For the tissue viability specialists, as they searched for a model to organise training and education, competencies appeared to them to be the most logical way forward. *“It defines what we do and it seemed the best way to capture the broad spectrum of things that we do,”* says Alison Finnie, a view that reiterates the flexibility of the competency approach as a means of directing learning in any setting.

The virtues of the competency-based approach may be apparent, but equally clear is the risk of simply reducing nursing to what it is not, as Carol Watson recognised, a set of tasks. So what are some of the key ingredients of a competency that can help to guard against this serious pitfall?

“Nursing is more than just a collection of competencies”

“You have to spend a significant amount of time making sure that each competency is specific, measurable and achievable”

Dorothy Armstrong emphasises the importance of assessment and evaluation in the whole process. *“You have to spend a significant amount of time making sure that each competency is specific, measurable and achievable,”* she says. *“There’s no use having a beautifully worded competency, about how the nurse will do this or that, if you cannot make sure through the assessment process that in fact, that is actually what the outcome is.”*

In building up a competency, Carol Watson says that while most of the textbook definitions may differ in certain respects, they do contain common elements. *“If you want to define a competency there are building blocks and the key ones are the knowledge and skills and attitudes needed to do a job safely, effectively and to a particular standard,”* she says. And she agrees with Dorothy’s assertions. *“Practitioners have to be able to demonstrate the competencies and in a particular setting. And you have to be able to measure them,”* she adds.

For Maggie McCowan, a competency framework helps to focus the practitioner’s mind on where personal improvements are needed. *“Some of them will have different levels of competence in different areas of their practice, so they can concentrate on where they lack knowledge,”* she says.

One of the lessons learned in each of the projects is the expertise, time, and commitment needed to produce a set of competencies. As Diane Fotheringham expressed it: *“I’m afraid there is no magic formula.”*

While the others tend to concur with this assessment, similarities in the ways they approached each project are evident. Each began with a problem to solve or a need to be met, that had previously been identified. For Diane the trigger was a request from managers and nurses to establish a perioperative nursing course that met the needs of the service. *“What managers and practitioners wanted was something that was validated and professionally quality assured, which was going to be run by an education provider because the managers themselves have problems delivering education and training week in, week out, and something for which the nurses could gain academic recognition,”* she says.

“I’m afraid there is no magic formula.”

“What managers and practitioners wanted was something that was validated and professionally quality assured”

In Margaret Brown's case, the motivation was two-fold. *"It became clear to us that enrolled nurses were a group of staff that we really weren't targeting specifically. While we had programmes for other grades of staff, we really didn't have anything exclusively for them,"* she says. *"What we decided we needed was a programme to support enrolled nurses who were either considering conversion [to first level] and were perhaps apprehensive about going through the process, or who required evidence of other learning in order that they could enrol on the conversion programme."* It is worth noting that the trust found the portfolio to be equally valuable to enrolled nurses who wanted to remain enrolled nurses but did want to update their knowledge and skills.

Recruitment of staff is another issue that prompted action. At Lothian University Hospitals NHS Trust, managers were beginning to have difficulty recruiting experienced critical care staff. As Dorothy Armstrong points out: *"This problem has produced specific needs in the trust so that now we're recruiting brand new staff nurses into, for example, cardiac surgery. Obviously, this created a real need to get these nurses "up to speed" on how to care for these patients who are very sick."*

But practitioners themselves have also realised the need to provide more coherent structure to their professional development. The tissue viability specialists are conscious that because they are so few in number, traditional university-based structures might not be a viable route for them. *"There is no training course leading to a specialist nursing qualification for us so people who maybe have an interest in tissue viability attend study days and conferences, they have contact with wound management companies, those that manufacture pressure-relieving equipment, that kind of thing,"* says Alison Finnie, *"but we are doing our own education really, teaching each other."* A more structured approach is going to be necessary, the group believes, if they are to consolidate their position as a growing specialty.

The work with which the NBS has already been involved will provide a solid foundation for progress. The focus will be on matching the education and learning needs of individual practitioners with those of NHSScotland.

"... the acquisition of clinical experience and academic qualifications that reflect defined competencies is becoming increasingly important for all Nurses and Midwives ... the Scottish Nursing and Midwifery Education Council (SNMEC) will be working to create competency-based frameworks for key post-registration education programmes, emphasising the importance of the competency factor in career development in the future."

Scottish Executive Health Department (2001)

"Advice and access to development opportunities must be made available to all Nurses and Midwives, including those who work part-time or on a sessional basis"

Scottish Executive Health Department (2001)

Assessment

So, with competencies written and practitioners primed ready to embark on a process of self-enlightenment, just how will attainment be assessed?

Portfolio building features heavily in all six projects, either linked to or following the portfolio format in the NBS's QACPD pack. Three projects – in critical care, forensic mental health nursing and infection control – have chosen to publish the competencies in conjunction with the NBS, with accompanying templates for developing a portfolio.

Working through them also involves using the workbooks published in the QACPD pack.

The portfolio for the perioperative nursing course follows a similar format and the enrolled nurses use a format based on an earlier draft of the NBS portfolio.

Whatever the actual format of the portfolio the aims are the same. Individuals work through a step process to build up evidence of their competence in each of the areas. The steps to building a portfolio are:

- ◆ *Reviewing experience and practice to date, identifying any core critical knowledge possessed*
- ◆ *Appraising level of competence and identifying strengths and any areas that need to be developed*
- ◆ *Agreeing with senior managers, in-house CPD staff and/or higher education institutions a training programme to meet identified learning needs*
- ◆ *Setting goals and devising an action plan to achieve the core competencies in partnership with a named facilitator*
- ◆ *Providing evidence of competence in the portfolio.*

Suggestions for potential sources of evidence are made to help practitioners collect them as they progress through the portfolio or on the course (**Box 3**). There are several recognised benefits for an individual's CPD from building a portfolio in this way (**Box 4**).

Box 3. Evidence of competency attainment/sources of learning

- ◆ References
- ◆ Testimonials
- ◆ Supervisor statements
- ◆ Clinical supervision
- ◆ Appraisal reports
- ◆ Case studies
- ◆ Reports/proposals
- ◆ Minutes of meetings
- ◆ Documents
- ◆ Personal reports
- ◆ Assessment – self/other
- ◆ Exams – written/oral
- ◆ Project/workbooks
- ◆ Literature reviews
- ◆ Essays
- ◆ Dissertations/theses
- ◆ Research/audits
- ◆ Videos/audio tapes
- ◆ Reflective accounts
- ◆ Analytical evaluations

Box 4. Outcomes from portfolio building

- ◆ Establishment of a formal, structured and focused professional relationship with an experienced practitioner
- ◆ Further development of skills, knowledge and professional values to guide future practice
- ◆ Reflection on clinical/practice management and strategic issues with guidance from experienced practitioners and managers
- ◆ Better understanding of the relationship between theory and practice, and experience and learning, and how to transfer such knowledge between clinical settings
- ◆ Evaluation of current levels of knowledge, skills and competence
- ◆ Identification of opportunities for further learning and acceptance of increased responsibility
- ◆ Identification of how practical experience matches or is equivalent to learning outcomes/competency statements in formal education and training programmes
- ◆ Development of a structured process to gather reliable, appropriate and verifiable evidence of competency attainment or learning outcomes
- ◆ Identification of areas for improving clinical practice and professional activity
- ◆ Identification of career goals compatible with trust/health board education and training strategies

Conclusion

Partnership and collaboration are the currency of healthcare service development in Scotland. The experience of those involved in the six projects confirms how significant working in partnership with other agencies and organisations, and collaborating with colleagues and other healthcare professionals, are to success. Without the shared knowledge, skills and attitudes of project team members, their journeys may well have proved less rewarding.

But the projects also demonstrate how competencies can be moulded both to fit the needs of particular areas of practice and provide a framework for continuing professional development that can be tailored to the needs of individual practitioners. Ultimately, the greatest benefit will be for the people of Scotland.

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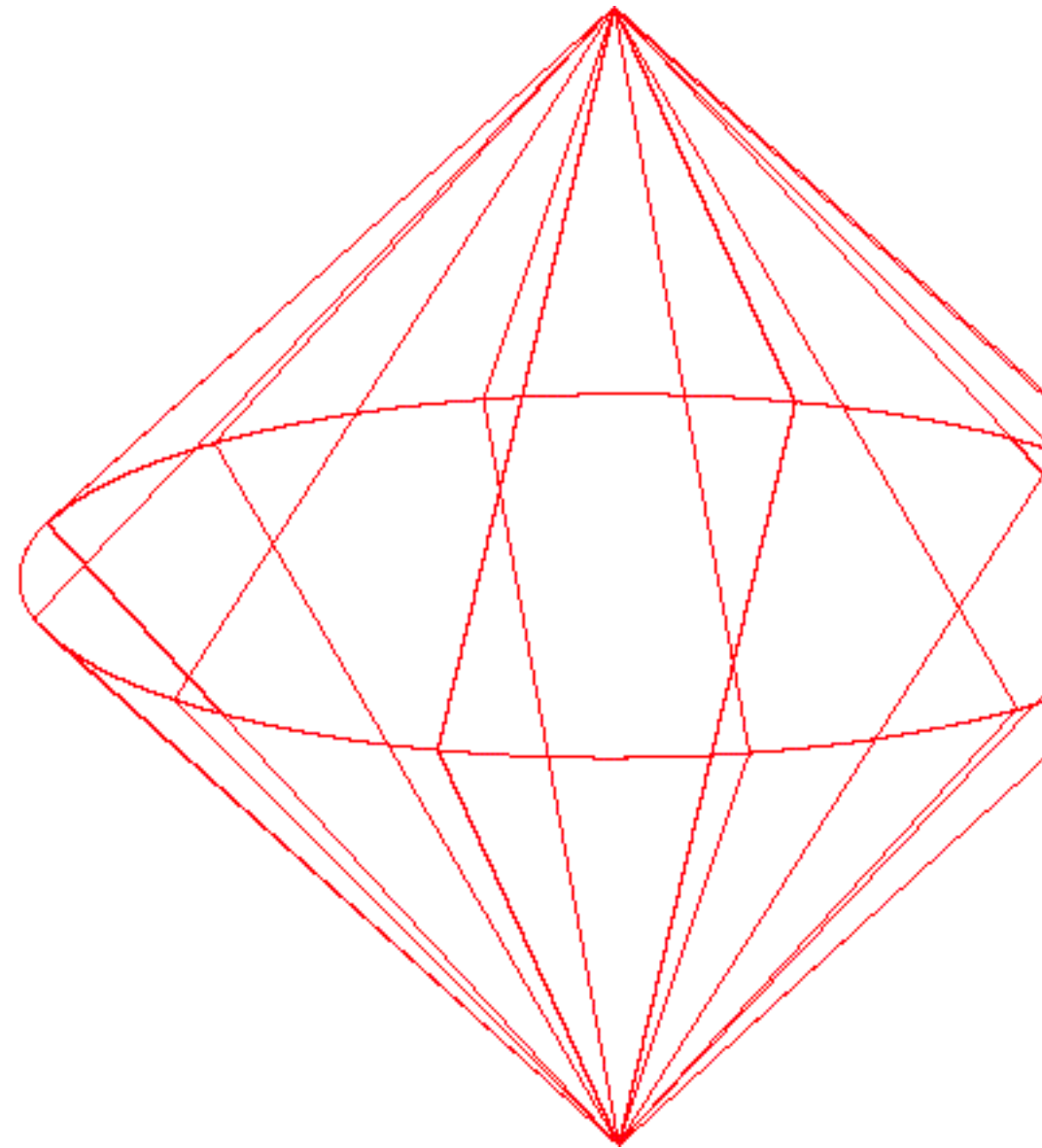
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Quality Assuring Continuing Professional Development

Tel 0131 226 7371. Fax 0131 225 9970.