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Among the most pressing concerns worldwide is the growing shortage of experienced, competent nursing and midwifery personnel to deliver key health interventions necessary for countries to tackle major health care issues such as HIV/AIDS, tuberculosis and malaria. The World Health Organization (WHO) Strategic Directions for Nursing and Midwifery Services: 2002-2008 and its resulting plan of action provides a comprehensive framework for addressing many of the factors that contribute to personnel shortages, especially migration issues and human resource policies.

More specifically, the Strategic Directions and its resulting plan are a call to encourage the development of methodologies and systems for monitoring nursing and midwifery services, human resource levels and skill mix, as well as best practices and tools for human resource policy intervention. Competence, or the ability to deliver a specified professional service, learned through education, can be successfully translated to nursing and midwifery performance and practice. Nursing and midwifery practice, strengthened through a competency-based framework, leads to successful delivery of care and ultimately successful health systems.

Competencies serve, therefore, to guarantee the patient the right to quality and safety of the service provided, and to the provider, the right to be well-prepared and accountable. Hence, for nursing and midwifery, it is imperative that this philosophy starts by defining the health service needs, including the nursing and midwifery services, and in the educational setting, with the development of the right competency levels.

Competence provides the framework to define the service and the provider within the health care system. When used in nursing and midwifery practice, education and regulation, competencies can clarify the role of nursing and provide sound evidence of care. As competencies lead to a sound evidence base, the role of nursing and midwifery services will be seen clearly as a major contributor to the improvement of health systems performance.

It is now time to establish international competencies for nursing and midwifery. To apply internationally, they need to be sufficiently broad, yet specific enough to provide guidance to decision making. They must be fundamental and relevant to practice. This document is a significant publication for providing nursing and midwifery with competencies to adapt for education, regulation and practice. The WHO Strategic Directions see competencies as a concrete response to facilitating achievement of cost-effective, high-quality nursing and midwifery care.

As outlined by the International Council of Nurses (ICN) in Framework of Competencies for the Generalist Nurse, 2003, competencies enable the nurse to “contribute to their maximum potential, within a dynamic and developing service, in promoting health and caring for those who are sick”. Through competency-based education and practice, competent practitioners with an appropriate skill mix are equipped to deal effectively with the current and future challenges of practice within an ever-changing health care system.

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INTRODUCTION

The word competency is used in many different ways. As the term is increasingly being used internationally, and because it can be a very useful approach in many fields of nursing, it is important to come to some agreement on its use. This analysis offers an approach to competency that can be used in nursing practice, education and management and for professional regulation.

WHAT COMPETENCE MEANS

Competence is the ability to deliver a specified professional service. This refers to the total role functioning of the professional and incorporates a number of units of competence (1, 2). A unit of competence (a competency) is a relatively self-contained achievement and should as far as possible be complete. It describes the outcome expectations of a particular work role and acts as a benchmark against which individual performance is judged.

EXAMPLES

A nurse who has just completed a pre-registration programme in nursing should be competent to fulfil the role of a general nurse in the country in which (s)he was educated. The registering body in the country will register her/him as a “General Nurse”.

This role might include the following competencies (an extract from the list):

1. Provide nursing care to individuals with acute illness
   1.1 Maintain nutritional and hydration status of patient
   1.2 Maintain physical and psychological comfort
   1.3 Prevent potential complications of the illness, the treatment and/or bedrest
   1.4 Identify and manage complications
   1.5 Promote recovery and healing
   1.6 Prepare patient and family for discharge

A nurse who has just completed a specialist nephrology nursing programme should be competent to fulfil the role of a clinical nurse expert in the country where (s)he was educated. The national Association for Nephrology Nurses might put her/his name on its register as a nephrology nurse specialist.

This role might include the following competencies (an extract from the list):

1. Provide dialysis for individuals with kidney failure
   1.1 Assess the client and context for use of peritoneal dialysis
   1.2 Educate patient and family on implications of dialysis, the use of apparatus and the procedure of peritoneal dialysis
   1.3 Put patient on haemodialysis
   1.4 Identify problems with any type of dialysis and manage these
CRITICAL ELEMENTS IN UNDERSTANDING COMPETENCE

1. The focus is on what the person can do — on performance (3). Performance includes knowledge, understanding, skills and attitudes, and competence demands that all these are appropriately applied. Skill without knowledge, understanding and the foundation of the appropriate attitude is not competent practice. Competence is a holistic concept.

2. The competencies are broad and occupation based, not narrow and job based. A job-based approach is linked to the present and a specific setting, such as writing a job description for a nursing position in a specific unit. An occupation-based approach is for all nurses of a specific category or level in a whole service, region or country.

3. Competence makes provision for the inevitability of change (3). The ability to do the job at this moment does not mean that the person has the cognitive and learning skills to continue to learn and adapt, so that (s)he will still be able to do the job in a year's time.

4. Competence should focus on output, not input (3). When one defines competence in terms of skills, knowledge and attitudes (explicitly or implied), the focus is on input. Even a focus on specific tasks is seen as input-focused. It is more useful to describe competence in terms of holistic work roles or elements of roles.

5. Competence is something that is inferred from performance, and not directly observed (4). What is usually observed is only a segment of a person's functioning in the role. The assessment of competence is therefore dependent on the reliability and validity of the procedures used, and usually on more than one measure. However, the integrated approach to assessment of competence focuses on holistic assessment, as far as possible in the real situation.

6. According to Mitchell's 1987 model (see Figure 1), a work role consists of four components (3).
   - Task or technical competencies, which relate to the core activity of the role. They are routine, sequential, procedural and predictable and have tangible outcomes.
   - Contingency management competencies, which involve managing breakdowns in routines, procedures and sequences.
   - Task management competencies, which are concerned with the management of tasks to achieve the overall job function. They have to do with prioritizing, planning and adapting.
   - Role environment competencies, which enable the job holder to manage the natural constraints under which (s)he works, the working relationships, the standards applied to the job, and the organization in which the job is performed.

FIGURE 1. COMPONENTS OF WORK COMPETENCY
HOW COMPETENCE RELATES TO OTHER CONCEPTS

Competencies are the same as “standards”, the term that is used in some national qualification frameworks (5). Competencies are also inherently the same as learner or educational outcomes as used in outcomes- or competency-based professional education.

Competencies are not the same as the outcomes described in the quality assurance framework of Inputs, Process and Outcomes (nursing service standards). In the quality assurance nomenclature, outcomes refer to client outcomes or system outcomes, which are the results of good nursing care (6). However, nursing care standards describing the process of nursing care often reflect the same sentiment as competencies, but they may be in a different format. This is because a competency is formulated as something an individual nurse does or can do, while a nursing standard often refers to the work of a group of nurses, or the totality of care a patient receives.

Standards of practice have been developed in some countries to define what the public can expect from nurses. Such a code of practice often consists of a set of standards that reads like a set of competencies. They might also have additional qualifiers, corresponding to range statements used in competency descriptions.

In summary, competencies are similar to:
- standards in national qualification frameworks;
- outcomes of learning programmes;
- standards of practice formulated by regulatory bodies.

Competencies are different from:
- quality assurance standards.

There are a number of terms that are used when talking about competence and competencies, as follows:

FUNCTION. A function is a duty or responsibility associated with a specific job. It involves many tasks. For example, a nursing function is “to make a nursing assessment of a patient”. A function is used in terms of work allocated to a person, and expectations of a person in a work setting;

SKILL. A skill is the ability to follow and perform the steps necessary to accomplish a well-defined task or goal under controlled or isolated circumstances. This does not necessarily involve understanding why it is done and how it fits into the total process towards a goal. It does not assume a certain attitude or set of values. For example, a nursing skill is “to take a blood pressure” (7);

TASK. A task is a set of activities aimed at reaching a specific goal or objective. It involves a number of skills. It is at a lower level than a competency, stipulating what is done but not indicating why it is done. For example, a task is to take the vital signs of a patient, while a competency is to assess the current health status of the patient.
ADVANTAGES OF IDENTIFYING COMPETENCIES
The following advantages have been described as flowing from the identification of competencies. Such identification:

■ develops the awareness of practitioners of transferable competencies and their own ability to use them in new roles;
■ assists in design of formal and non-formal education and training programmes;
■ provides approaches to teaching–learning and management that encourage autonomy of learning and personal development;
■ facilitates the Recognition of Prior Learning (RPL) and therefore increases portability and transfer of learning credits;
■ supports formative and summative evaluation that is relevant and valid;
■ can form the basis of job descriptions, job profiling, recruitment and appraisal systems;
■ can be used by regulatory bodies for licensing (3, 5).

The beneficiaries of competency identification are deemed to be individual nurses, their employers and the health system, and society at large.

CONCLUSION
The concept “competence” relates to the working world of the nurse. It defines the role of the occupation in society and stipulates what can be expected. It can be used to engineer nursing education and to regulate entry into the profession. It can also be used to plan human resources in health care and to manage continuing professional education.
INTRODUCTION
Competencies are used as the basis for a nursing education programme, for registration of a professional, or for planning continuing professional education. For this purpose, it is necessary to formulate competency statements.

A competency statement is an occupational outcome statement or standard with four components:
- A title — identifies the competency briefly, and distinguishes it from others.
- An element of competence (function) — stipulates what a person should be able to do; this is a significant role component that is worth recognizing in its own right.
- Performance criteria — define successful performance; these are the quality statements attached to each competency, and they stipulate how well something should be done.
- Range statements — describe the context in which the competency should be demonstrated and the setting of the function (5).

EXAMPLE: COMPREHENSIVE DESCRIPTION OF A COMPETENCY

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Nursing assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELEMENT OF COMPETENCE</td>
<td>Carries out a comprehensive and systematic nursing assessment</td>
</tr>
<tr>
<td>PERFORMANCE CRITERIA</td>
<td>Communicates in a culturally sensitive manner</td>
</tr>
<tr>
<td></td>
<td>Obtains all relevant data accurately</td>
</tr>
<tr>
<td></td>
<td>Records all significant data systematically and clearly</td>
</tr>
<tr>
<td></td>
<td>Adjusts procedures to age and sex of patient</td>
</tr>
<tr>
<td>RANGE STATEMENT(S)</td>
<td>In clinical and home settings</td>
</tr>
</tbody>
</table>

Every competency statement should have a verb, a noun, and may also have one or more qualifiers. Performance criteria have the same components.

DO NOT confuse competencies with:
- a statement or topic to be addressed in a syllabus;
- a course or a module: for example, Nursing Assessment 101;
- a process: for example, preparing equipment for a specific task;
- an input: for example, developing skills in carrying out a nursing assessment;
- an activity, task or skill: for example, giving an injection;
- a learning process: for example, demonstrating an understanding of the contextual factors impinging on health;
- an entity of knowledge: for example, knowing the disadvantages of common methods of birth spacing (9).
CRITERIA FOR COMPETENCY STATEMENTS
For international or national use, the following criteria seem relevant to competency statements:

1. The competencies should be sufficiently broad to apply internationally or nationally.
2. At the same time, the competencies should be specific enough to provide guidance in decision-making.
3. The competencies should be fundamental to practice, and not peripheral.
4. The competencies should be relevant to practice.
5. All occupational roles should be reflected.
6. The format should be consistent, usually with a verb, a noun and a condition or qualifier (3, 8).

THE PROCESS OF DERIVING COMPETENCIES
A statement of competency should be derived from an analysis of the functions within the area of competence to which it relates. This process is called a functional analysis, and it results in a functional map.

STEP 1. DEFINE THE ROLE
Formulate the key purpose of the category or level of nurse viewed in very broad terms (3). Since competencies can be formulated for a whole professional group, such as nurses, or for specific categories within the occupational group, the role statement has to reflect this. The role statement should make clear what is expected from this group, as distinct from other groups.

ACTION

1. Formulate a “mission statement” or a role statement that acts as reference points for all subsequent activities.

EXAMPLE: A SPECIALIST GROUP (APPN)

An advanced practice psychiatric nurse (APPN) manages complex clinical cases, acts as consultant to other team members, and plans, implements and evaluates mental health programmes in institutions, communities and regions.

In the table above, the role of the specialist group has three components — clinician, consultant and programme manager. These components distinguish a practitioner in this specialist group from a first-level psychiatric nurse, and are sufficiently broad to encompass the whole subgroup.

STEP 2. DEVELOP AN OCCUPATIONAL MAP
Break the mission statement into smaller components through a process of progressive disaggregation, without losing sight of the key focus, and develop an occupational map. An occupational map can refer to a whole occupation (for example, nursing), or to a category within an occupation (for example, registered nurses), or to a specialty group (for example, Critical Care Nurses).

ACTION

2.1 Decide on the disaggregation rules. This refers to the conceptualization of the key purpose in order to subdivide the role: will stages be used (e.g. the nursing process), will components be used (e.g. primary, secondary and tertiary prevention) or a combination?

EXAMPLE: APPN

The role components will be used. These are:
1. Clinical management
2. Acting as consultant
3. Programme management
### Action: Formulate the First Level of Competency Statements

For each of the role components, write a competency statement. In an occupational map, the competency statement usually does not include performance criteria or range statements; these come later in the process.

### Example: APPN

1. **Programme management**
   - 3.1 Evaluate the current programme in a specific setting or for a specific group.
   - 3.2 Initiate change in an appropriate manner.
   - 3.3 Plan a programme adjustment or revision with key stakeholders.
   - 3.4 Build evaluation mechanisms into planning.
   - 3.5 Implement planned change, and monitor effects.
   - 3.6 Evaluate implementation and outcomes of the programme.

2. **Initiate change in an appropriate manner**
   - 3.2.1 Bring deficiencies in the current system to the attention of service providers.
   - 3.2.2 Analyse resistance and change factors.
   - 3.2.3 Decrease resistance factors.
   - 3.2.4 Enhance change factors through exposure of stakeholders to alternative approaches.
   - 3.2.5 Equip staff with competencies demanded by a programme change.

3. **Ensure that the list is complete**
   - 3.4 Ensure that the list is complete (1.1). Observation and analysis of actual performance in real situations should be part of the process, but literature reviews and group discussions are also helpful. All four aspects of competence (Mitchell) should be mentioned.

### Step 3: Develop a Comprehensive Competency Statement

Once competencies have been formulated as an occupational map, the competency statement can be further elaborated depending on the function for which it will be used.

### Action: For both job descriptions and educational purposes, the performance level for the competency should be described in the form of performance criteria or specific outcomes. These performance criteria specify the level at which the competency should be performed.

### Example: APPN

1. **Competency:**
   - 3.2.4 Enhance change factors through exposure of stakeholders to alternative approaches.

2. **Performance criteria:**
   - 1. Alternative models are appropriate for planned change and setting.
   - 2. Exposure is appropriate for stakeholders’ background, needs and interest.
   - 3. Exposure is affordable.

3. **A competency can also be qualified by a range statement. A range statement describes the context within which a competency should be demonstrated.**

### Example: APPN

1. **Range statement:**
   - Exposure may be through literature, visits to and from alternative programmes, videos or slides.

2. **In some cases, the embedded knowledge might be identified as well.**
   - This means that the knowledge essential for the competency is identified and stipulated. This is used more often in microcurriculum development than in other settings. The embedded knowledge is usually listed as a competency, e.g. The nurse understands and explains... or The nurse applies....

### Example: APPN

1. **Embedded knowledge:**
   - Demonstrates the ability to identify appropriate alternative programmes from the literature or network and to evaluate their appropriateness.
In the above example, the high level of embedded knowledge and skills required for this competency is clear from the performance criteria. Not only does the embedded knowledge demand that the APPN knows the appropriate alternatives, but that she can analyse them for suitability for specific application. It further demands knowledge of the stakeholder groups and the ability to select appropriate experiential learning for each group. Performance criteria are very useful in identifying the level at which the person should perform.

QUESTIONS ABOUT COMPETENCY STATEMENTS

HOW ARE ATTITUDES AND VALUES REFLECTED IN COMPETENCY STATEMENTS?

There is an approach that sees knowledge and attitudes as legitimate outcomes. This is not recommended, since it goes against the principle of integration and a job focus. Knowledge, understanding and skills are implied by competencies and can be seen to be embedded within them, but these elements are not directly specified (3).

Values need to be transformed from highly interpretative terms referring to some assumed internal state of the individual ("She values…" or “He believes…” ) into something more concrete (“She treats equally…” or “He involves clients…”). This transformation involves asking what is the consequence of having the assumed value or belief. The values of the profession should be clearly reflected in the role statement, and also in the individual performance criteria.

EXAMPLE

VALUE: The nurse has to be able to deal with ethical dilemmas in her/his practice.

Inherent in the following role statement for nursing is the potential conflict between the goals of individuals and those of groups or communities. This conflict can be reflected in performance criteria in many competencies, but only one is given here as an example.

ROLE STATEMENT FOR NURSING: A nurse works with individuals, families, groups and communities to reach the goals and values of Health for All.

This role statement will be represented by a number of competencies, one of which may be:

COMPETENCY: Develop a rehabilitation plan for an individual in partnership with the client and the family.

PERFORMANCE CRITERIA:

- Balances the interest and choices of the client with those of the family.
- Balances the interest of the client with that of the larger community.

HOW ARE KNOWLEDGE AND UNDERSTANDING REFLECTED IN COMPETENCY STATEMENTS?

All competencies involve some knowledge and understanding. In higher level professions, the levels of knowledge underpinning the competencies are greater and may take a number of years to achieve. The complexity of the performance criteria and the dimensions of the range indicate the scope of knowledge content and level of application needed to meet the outcomes of performance.
In fully developed competency statements, the context of their application and the reasons for their use are clear, and this is what determines the content and the cognitive skill necessary.

**EXAMPLE**

**COMPETENCY:** Evaluate the factors impacting on the health of the community.

**PERFORMANCE CRITERIA:**
- All significant areas of potential socioeconomic, political and cultural impact are clearly identified and prioritized for further analysis.
- The extent and direction of the impact are described, and/or methods of investigating these are identified.
- The factors are prioritized in terms of magnitude of impact and propensity for change.
- Impact should be based on the research process.

**RANGE STATEMENTS:**
Investigation methods should include those that can be implemented by the nurse in practice, without additional resources or mandates.

**HOW CAN WE DISTINGUISH BETWEEN DIFFERENT LEVELS OF PERFORMANCE?**
There are people who claim that one cannot describe higher levels of functioning in competency statements. This is difficult to do using only the element of competency in the comprehensive competency statement. However, if the performance criteria and range statements are added, it can be made increasingly clear what level of performance is expected. One competency can be performed by nurses with different educational preparation at very different levels. Comprehensive competency statements can therefore be useful in planning the skill mix of units, and making clear how nurses with different levels of education work together.

**FIGURE 3. GENERAL AND SPECIALIST COMPETENCIES**
COMPETENCY in nursing

EXAMPLE

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>The nurse performs cardiopulmonary resuscitation on the patient</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERIA (GENERAL NURSE)</th>
<th>PERFORMANCE CRITERIA (CRITICAL CARE NURSE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Uses ambu-bag if available</td>
<td>■ Uses procedures such as cardiac shock, intubation and IV infusions appropriately</td>
</tr>
<tr>
<td>■ Maintains blood flow and lung inflation until help arrives</td>
<td>■ Gives appropriate medication</td>
</tr>
<tr>
<td></td>
<td>■ Makes decision about termination</td>
</tr>
</tbody>
</table>

| RANGE STATEMENTS | In all settings | In health service settings |

Mitchell characterizes higher level roles as those where (3):

- action is based on considerable bodies of underlying knowledge — facts, views, theories, concepts, etc.;
- initiation and the origination of work for others are likely to be key competencies at this level and will involve individuals in synthesizing information in new ways to offer one or more solutions to problems;
- action takes place over a wide range of contexts, which are subject to wide variation and uncertainty and are often complex in nature;
- the results or outcomes are likely to be long-term or have long-term consequences with actions tending to be future-focused rather than concerned with the immediate “here and now”;
- the results or outcomes involve high degrees of criticality either in terms of value or for their personal and/or social consequences;
- process outcomes tend to be more predominant than product outcomes;
- the work tends to involve interactions with environments and systems outside the employing organization;
- individuals have a high degree of autonomy and usually take final responsibility for the consequences of their actions.

CONCLUSION

A competency can be described clearly by using a comprehensive competency statement. This statement has a number of components and allows for embedded knowledge, skills and attitudes to be reflected, without input becoming the focus instead of outcomes. Competency statements are flexible instruments for use in education and management.
Assessment of competencies

INTRODUCTION
Assessment of competence is essential in at least two of the three areas in which competence is used: professional regulation and education. To enable reliable and valid assessment of competence, assessment criteria are developed for each competence. Each competency usually has a number of assessment criteria.

WRITING ASSESSMENT CRITERIA
An assessment criterion is a statement that enables an assessor to judge whether a person’s performance is sufficient to be called competent. It defines the level of performance or how well a person must perform to be regarded as competent. It states the evidence required to establish that the person has achieved the competency. Evidence may be collected from a number of sources, such as direct observation of performance, scrutiny of a product (such as a written task or an object), or a written or spoken presentation.

An assessment criterion consists of a noun, a verb and a qualifier or a condition (8). The verb usually relates to the verb in the competency. The assessment criterion is written as though the competency has been completed (after the event). The question it answers is: “What would we see if the competency has been completed to the required standard?”

EXAMPLE
We will know that you are competent to maintain a rehabilitation partnership\(^a\) when you work\(^b\) productively\(^c\) (in the sense of achieving some objectives) with a client and her/his family or significant other\(^d\) for a period of six months.\(^e\)

\[\begin{array}{l}
a \hspace{1cm} \text{maintain a rehabilitation partnership: the competency} \\
b \hspace{1cm} \text{work: verb} \\
c \hspace{1cm} \text{productively: qualifier} \\
d \hspace{1cm} \text{for a period of six months: qualifier} \\
e \hspace{1cm} \text{a client and her/his family or significant other: noun} \\
\end{array}\]

Assessment criteria capture the requirements for fair, valid and reliable assessment procedures. They might also be aimed at capturing the underlying knowledge base that allows the learner to achieve the competence.
Assessment criteria must be sufficiently clear to make sure there will be general consensus about what they mean. They make it possible to develop assessment tasks, but are not in themselves a checklist or instrument. For instance, in the above example, the assessment instrument will have to include criteria for the qualifier “productive”, but the other qualifier (“for a period of six months”) is already clear.

Assessment criteria follow from the statement (5):
We will know that the candidate/person is competent to… if or when the candidate/person…

Where there is a product, the assessable or measurable criteria for the product may include:
- Accuracy, for example “Record results of physical examination accurately”.
- Finish or presentation, for example “Attach a reference list in the correct format (Harvard)”.
- Completeness in the case of written information produced, for example “Record a complete health history, which includes…”.
- Clarity in the case of written or spoken information, for example “Explain the illness and treatment to the client clearly, so that (s)he can verbalize or show the content”.
- Availability for use, for example “Have a disaster plan for a unit readily available in the unit”.
- Health and safety, for example “Prioritize care without endangering any patient”.

Where there is a critical work or function, the assessable or measurable criteria for the work carried out may include:
- Time, speed or rate, for example “Initiate cardiopulmonary resuscitation immediately”.
- Procedures involving processes or methods, for example “Nurse the patient using medical aseptic techniques”.
- Cost-effectiveness, for example “Make a diagnosis using only essential tests”.
- User specifications or needs, for example “Give health education according to client’s needs”.
- Optimization of resources, for example “Allocate unit staff for optimal skill-mix cover of the unit”.
- Confidentiality and other ethical aspects, for example “Advocate for the client without breaching confidentiality”.
- Creation and maintenance of effective relationships, for example “Take a complete psychiatric history without harming the nurse–client relationship”.

Assessment is about gathering evidence to support the premise that the candidate is competent. The assessment criteria indicate what kind of evidence should be sought, and therefore lead the assessor to the appropriate method of assessment or the appropriate instrument. Evidence can be direct, such as seeing the actual performance in the job role, or indirect, such as a simulated performance or a written or verbal description of the performance. Another form of indirect evidence is that the candidate does not show or describe the competency, but shows evidence of having in place the knowledge or skill embedded in the competency.

**EXAMPLE**

**COMPETENCY**: Monitor contextual factors and adapt rehabilitation plan.

**DIRECT EVIDENCE**
- Source: Review of patient records in the care of the nurse.
- Evidence: The patient record shows how the nurse has identified that the patient will need new support systems because his sister, who sees him every weekend and is a major psychological support, is moving away at the end of the year. It also shows that the nurse is working with the patient to replace this source of support.
INDIRECT EVIDENCE

- Source: Written test.
- Evidence: The nurse is able to identify possible contextual factors impinging on the rehabilitation of a patient with a serious and persistent mental illness, and to describe how (s)he will assess these.

There is sometimes confusion with regard to the difference between performance criteria and assessment criteria. The following table compares the two:

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERION</th>
<th>ASSESSMENT CRITERION</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well something should be done.</td>
<td>How competence will be judged.</td>
</tr>
<tr>
<td>Describes the level of performance.</td>
<td>Describes the evidence to be used for judgement.</td>
</tr>
<tr>
<td>Answers the question: What are the standards to which the candidate should complete this?</td>
<td>Answers the question: How will we know that the competency has been completed to the required standard?</td>
</tr>
</tbody>
</table>

Similarities:
- Both criteria consist of a noun, a verb and qualifier(s).
- Both criteria must relate directly to the competency.
- There are usually several criteria for each competency.

It is helpful to use a checklist when compiling competency statements and assessment criteria. An example is given at the end of this chapter.

CONCLUSION

When competency statements are developed in situations where it is necessary to evaluate competencies, assessment criteria should be developed at the same time. These criteria make it clear what evidence of performance needs to be gathered, and allow for valid and reliable judgements to be made on competence.
## Checklist for Evaluating Competency Statements

### Quality Checklist for Competency Statements

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the <strong>title</strong> clear, unique and descriptive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the <strong>competency statement</strong> concern a meaningful part of nursing that should be formally recognized?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the competency statement have a verb, a noun and a qualifier?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the competency statement complete the sentence: “The nurse/midwife is able to…”?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do the performance criteria consist of a verb, a noun and a qualifier?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Can the <strong>performance criteria</strong> be assessed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are the performance criteria achievable and relevant?</td>
<td></td>
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<td>8. Do the performance criteria relate directly to the competency?</td>
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<tr>
<td>9. Are there between four and six performance criteria for each competency?</td>
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<tr>
<td>10. Do the <strong>range statements</strong> relate directly to the competency?</td>
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<tr>
<td>11. Do the range statements relate to the context within which the competency will be used?</td>
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<tr>
<td>12. Are crucial <strong>embedded knowledge</strong> requirements phrased with a noun and a qualifier?</td>
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<tr>
<td>13. Do the <strong>assessment criteria</strong> relate directly to the performance criteria?</td>
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<tr>
<td>14. Do the assessment criteria describe the essential aspects of performance?</td>
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<td>15. Do the assessment criteria make clear what should be used to evaluate the product or the work?</td>
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<tr>
<td>16. Does each assessment criterion have a noun, a verb and a qualifier?</td>
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The use of competencies in nursing

INTRODUCTION
There are broadly three areas in nursing and midwifery where competencies can be used, as illustrated in Figure 4. These are education, management and regulation.

FIGURE 4. APPLICATIONS OF COMPETENCIES

One example of the use of competencies in education and practice comes from Mississippi in the USA (9, 10). A group of nurses’ organizations came together and developed what they called the Mississippi Competency Model, featuring three primary nursing roles: provider, member of the profession, and manager. They developed competencies within each role for each level of educational preparation from Licensed Practical Nursing (LPN) to Masters-prepared nurses. Schools of Nursing were then asked to test the model in their education programmes, and health services were asked to test it in developing job descriptions and carrying out performance appraisals.
The work of this group lead to a number of successful projects, such as an articulation project (allowing LPN and Associate Degree students to advance their careers in accelerated ways) and a model for differentiated practice in a hospital, which increased job satisfaction and decreased cost.

It was felt that the model strengthened standards of nursing practice by:
- serving as a philosophical basis for the outcomes of different types of nursing programmes, thus decreasing barriers in educational mobility;
- clarifying the differences in the types of educational preparation of nurses for the public and for employers;
- validating curricula content currently being offered in Mississippi nursing programmes and guiding curricula changes;
- aiding in the evaluation of new graduates and their educational programmes;
- assisting end-users in employing a nursing workforce appropriate for the needs of the clients they serve, thereby achieving increased job satisfaction for nurses, improved patient care outcomes, and decreased cost;
- facilitating the development and validation of job descriptions and performance evaluations within the health care industry.

A statewide approach such as this one is valuable, since it increases understanding, cooperation and articulation.

**USING COMPETENCY IN NURSING EDUCATION**

In nursing education, competency-based education received much attention in the late 1970s and 1980s. Competency-based education and training (CBET) is sometimes equated with outcomes-based, performance-based, criterion-referenced and proficiency-based education. Another term often used is competency-based learning (CBL).

The move towards competency-based models was driven across the world by an interest in improved national performance in terms of global competitiveness. Industry and governments played a major role, and the development of national qualification frameworks were often instruments used to further their aims.

Three types of competence-based curricula exist.

1. **Modularized curriculum.** Each competence forms a module, and in its pure form the learner chooses which modules to study. While maximizing flexibility, this curriculum provides no mechanism for encouraging coherence. This modular approach could be given more coherence through a system or by specifying required previous learning.

2. **Integrated curriculum.** Competencies are grouped together to form specific qualifications, such as a nursing programme. This method maximizes coherence and focus.

3. **Connective curriculum.** Competencies are grouped together according to the specific learner goals. The curriculum is modularized, and learners are allowed to choose new combinations. This allows some choice, while maintaining coherence.
COMPETENCY in nursing

**EXAMPLE**

In a particular country, one of the competencies of a general nurse is defined as:

*Deliver nursing care to sick or disabled individuals and groups.*

This was further disaggregated into five components:

1. Provide nursing to individuals with acute illness.
2. Provide nursing to individuals with long-term illness.
3. Provide palliative care to terminal patient and family.
4. Provide nursing to children and adolescents.
5. Provide nursing to individuals and groups with mental illness.

These five competencies became the modules of a course entitled “Nursing of the sick”, and the modular course functioned as follows:

- A further 23 competencies were disaggregated from these five competencies.
- A comprehensive competency description was developed for each of the 23 competencies.
- From the competency descriptions, teaching–learning modules were developed that focused on the embedded knowledge and attitudes.
- Students were allocated for appropriate time periods to a care setting for each competency.
- Classroom and clinical time allocated to competencies were synchronized.
- Evaluation of each competency was done in the clinical settings, according to the assessment criteria of each competency, before students left the unit.

**USING COMPETENCIES IN MANAGEMENT**

Competencies can be used to evaluate jobs. Job evaluation, which demands a job analysis and a job description, is necessary to design effective career ladders and wage or salary systems for nurses. Using competencies, the differences between different nursing jobs in the institution become clear. This procedure allows for fair wages to be paid and also for career pathways to be developed.

Job descriptions based on competencies can be used for the recruitment and orientation of new employees. Once a nurse or midwife is functioning in her/his job, the competencies can also be used for performance management. It makes clear to all concerned exactly what is required, and the assessment criteria can be used to assess the work of the incumbent.

If the competencies required in each nursing position are clearly articulated, they allow for nurses to target their personal and professional development towards a clear goal. The competencies required for promotion are clear, and the nurse can plan, with her/his manager or supervisor, to take specific steps to develop the required competencies and to compile a professional portfolio with evidence of achievement.

**EXAMPLE**

A hospital decided to employ new graduates straight into specialty areas, and prepare them by using a competency-based orientation programme (11). Management identified 19 competencies that were essential in these settings, such as:

- Carry out an advanced cardiovascular and peripheral vascular assessment.
- Administer vasoactive/inotropic/anti-arrhythmic drugs to a cardiac patient.

Performance criteria were developed for each competency; based on these, assessment tools were devised which included simulations, case studies and rating scales.

The orientation period included two weeks in a classroom setting dealing with the knowledge component, after which the new graduate recruits worked with preceptors, first on “routine” patients and then on more demanding ones.
EVALUATION
Every two weeks the new graduate met her preceptor for a verbal assessment of her experience and progress. Some competencies were evaluated by observation during work. Before completion of the 12-week orientation all competencies had to be evaluated, in simulated fashion if necessary.

USING COMPETENCIES IN REGULATION
Professional regulation is the means by which order, consistency and control are brought to a profession and its practice (11). The regulation of a profession usually involves credentialing, in which the credential is conferred on an individual or an institution as an expression of confidence that specific standards have been met. The regulatory agent might be a professional council, or a section of the Department of Health, and it may be backed by legislation.

An occupational map describing the competencies inherent in the occupation is useful to the regulatory body in many ways:

- It enables the regulatory body to create a set of articulated and relevant qualifications, which will ensure that the occupation can deliver the service needed by the population.
- It allows stipulation of the competencies to be achieved on completion of each programme in order to be licensed for each category of practitioner.
- Competencies can be used to evaluate the qualifications with which nurses come from other countries, or from other programmes.
- It can be used to develop standards for educational programmes, since it identifies embedded knowledge and skills.
- It allows the regulatory body to develop assessment approaches that can validate competency.

An occupational map of competencies, with a clear description of each competency, is therefore an invaluable tool for regulatory bodies of nursing or midwifery. An example of an occupational map is shown in the Annex.

CONCLUSION
Competent nurses are what regulatory bodies exist for, what nursing education strives for, what employers pay for, and what receivers of care such as patients pray for.
References


### Annex

**Occupational map of nursing competencies**

#### A. Develop, implement and evaluate health promotion strategies

<table>
<thead>
<tr>
<th>A.1</th>
<th>Formulate health promotion strategies</th>
<th>A.1.1 Monitor and review health promotion needs</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>A.1.2 Formulate strategies for health promotion</td>
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<td></td>
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<td>A.1.3 Plan and implement health promotion research</td>
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<tr>
<td>A.2</td>
<td>Formulate health promotion policies and control arrangements</td>
<td>A.2.1 Formulate and modify health promotion policies</td>
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<tr>
<td></td>
<td></td>
<td>A.2.2 Promote support for policy implementation</td>
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<tr>
<td>A.3</td>
<td>Develop health promotion plans</td>
<td>A.3.1 Evaluate factors that will influence implementation</td>
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<tr>
<td></td>
<td></td>
<td>A.3.2 Involve essential role players from all sectors</td>
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<tr>
<td></td>
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<td>A.3.3 Develop health promotion materials</td>
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<td></td>
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<td>A.3.4 Plan an implementation process</td>
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<td></td>
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<td>A.3.5 Pilot test implementation process</td>
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<td></td>
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<td>A.3.6 Obtain essential resources</td>
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<tr>
<td>A.4</td>
<td>Implement health promotion</td>
<td>A.4.1 Provide health promotion activities</td>
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<tr>
<td></td>
<td></td>
<td>A.4.2 Manage implementation activities</td>
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<tr>
<td></td>
<td></td>
<td>A.4.3 Monitor implementation activities</td>
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</tbody>
</table>

#### B. Deliver nursing care to individuals or groups with health care needs

<table>
<thead>
<tr>
<th>B.1</th>
<th>Assess care needs of individual</th>
<th>B.1.1 Carry out a comprehensive health assessment of an individual</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>B.1.2 Investigate the context of care</td>
</tr>
<tr>
<td>B.2</td>
<td>Plan care of individuals or groups</td>
<td>B.2.1 Formulate a plan of care, where possible in collaboration with patients/clients and/or carers</td>
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<tr>
<td></td>
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<td>B.2.2 Consult with relevant members of the health and social care team</td>
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<td>B.2.3 Ensure that patients/clients and/or carers have sufficient information on which to base decisions about care</td>
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<td></td>
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<td>B.2.4 Advocate for client or involve others if patient/client requests support or has limited abilities in decision-making</td>
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<td></td>
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<td>B.2.5 Establish priorities for care</td>
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<td>B.2.6 Identify expected outcomes and the time frame for their achievement and/or review</td>
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<td>B.2.7 Regularly review and revise the plan of care</td>
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<td>B.2.8 Document the plan of care</td>
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<tr>
<td>B.3</td>
<td>Implement care for individuals or groups</td>
<td>B.3.1 Implement planned nursing care to achieve identified outcomes</td>
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<td></td>
<td></td>
<td>B.3.2 Maintain partnerships for care</td>
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<td></td>
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<td>B.3.3 Monitor client and contextual factors and adapt care</td>
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<td></td>
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<td>B.3.4 Respond effectively to unexpected or rapidly changing situation</td>
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<td></td>
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<td>B.3.5 Respond effectively to emergency and disaster situation</td>
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<td>B.3.6 Document care given</td>
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<tr>
<td></td>
<td></td>
<td>B.3.7 Cope with emotional demands of situations</td>
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</tbody>
</table>
### B. Evaluate care of individuals or groups

- **B.4 Evaluate care of individuals or groups**
  - B.4.1 Evaluate documented care
  - B.4.2 Evaluate client outcomes
  - B.4.3 Evaluate service utilization
  - B.4.4 Evaluate morbidity and mortality indicators
  - B.4.5 Involve all stakeholders in evaluation

### C. Promote rehabilitation in individuals and groups with disabilities

- **C.1 Assess rehabilitation goals**
  - C.1.1 Carry out a rehabilitation assessment
  - C.1.2 Assess rehabilitation barriers
  - C.1.3 Identify indicators of relapse

- **C.2 Develop a rehabilitation plan**
  - C.2.1 Formulate a plan in collaboration with patient/client and family
  - C.2.2 Give sufficient education to patient and family to ensure intelligent participation
  - C.2.3 Advocate for patient and family

- **C.3 Implement rehabilitation**
  - C.3.1 Support implementation of planned rehabilitation activities
  - C.3.2 Maintain rehabilitation partnerships
  - C.3.3 Monitor client and contextual factors and adapt care
  - C.3.4 Assist with medical emergencies or acute illness
  - C.3.5 Document rehabilitation interventions and responses
  - C.3.6 Maintain and communicate hope

- **C.4 Evaluate rehabilitation**
  - C.4.1 Evaluate documented rehabilitation
  - C.4.2 Evaluate client outcomes
  - C.4.3 Evaluate service and epidemiological indicators
  - C.4.4 Involve all stakeholders

### D. Manage a health unit to deliver health care

- **D.1 Create and maintain a safe environment for care**
  - D.1.1 Assess risks in the unit, environment for care
  - D.1.2 Limit unavoidable risk
  - D.1.3 Eliminate avoidable risk
  - D.1.4 Document risk management

- **D.2 Use human resources**
  - D.2.1 Assess capacity of a team optimally
  - D.2.2 Delegate activities to team members
  - D.2.3 Develop team members optimally
  - D.2.4 Create a supportive work environment
  - D.2.5 Handle conflict

- **D.3 Use physical resources**
  - D.3.1 Ensure optimal use of physical resources optimally
  - D.3.2 Obtain physical resources essential for care

- **D.4 Improve health service**
  - D.4.1 Assess appropriateness and delivery implementation of health policy
  - D.4.2 Participate in health policy development
  - D.4.3 Assess nursing practice and education
  - D.4.4 Participate in development of nursing practice and education
  - D.4.5 Ensure evidence-based nursing practice
<table>
<thead>
<tr>
<th>COMPETENCY in nursing</th>
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<tbody>
<tr>
<td><strong>E. DIAGNOSE AND TREAT MINOR AND COMMON AILMENTS</strong></td>
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<tr>
<td><strong>E.1</strong> Diagnose minor and common ailments</td>
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<tr>
<td>E.1.1 Make a complete physical examination</td>
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<td>E.1.2 Take a complete health history</td>
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<td>E.1.3 Do a complete psychiatric assessment</td>
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<td>E.1.4 Identify abnormal findings</td>
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<td>E.1.5 Refer patient if necessary</td>
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<td><strong>E.2</strong> Prescribe appropriate treatment</td>
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<tr>
<td>E.2.1 Educate patient and family about condition and treatment</td>
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<tr>
<td>E.2.2 Educate patient and family about prevention and rehabilitation</td>
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<tr>
<td>E.2.3 Prescribe appropriate medication</td>
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<tr>
<td>E.2.4 Dispense appropriate medication</td>
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<tr>
<td>E.2.5 Prescribe treatment</td>
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<tr>
<td><strong>E.3</strong> Monitor status of patient</td>
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<tr>
<td>E.3.1 Monitor condition of patient with chronic conditions</td>
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<tr>
<td>E.3.2 Review treatment</td>
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<tr>
<td>E.3.3 Refer patient to other team members</td>
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