



NCBON
North Carolina Board of Nursing

Revisions to article: August 2023

Original article: Fall 2010

VALIDATION OF NURSING COMPETENCE: What Does It Mean for You?

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Read the article, online reference documents (if applicable), and the Reflective Questions.

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PURPOSE

To assist nurses in understanding competence validation.

OUTCOME: After reading this article and on-line references, the nurse should be able to:

1. Describe the term “nursing competence.”
2. Explain the importance and responsibilities of validation of nursing competence.

Sierra is a recent graduate and newly licensed RN assigned to provide nursing care for clients in a medical unit at an acute care facility. She received an order to start an IV with D5W to keep the vein open (KVO) for one of the clients who happened to be an elderly gentleman. Sierra did not have the opportunity to start an IV on an actual client during the clinicals in her nursing program. However, her nursing program provided simulation labs in which she excelled, and she received perfect scores in IV procedures in the simulation environment. She was excited about the opportunity to start an IV on an actual client.

Sierra inspected the client’s veins in his arms and determined that his veins were very accessible, so she proceeded with preparations to start the IV. She studied the procedure manual prior to beginning; and, although she was somewhat nervous about the procedure, she proceeded with inserting the IV. The procedures seemed to go very smoothly, and Sierra seemed unconcerned about the absence of blood return during the insertion. She felt confident that the catheter was in the correct place, secured the IV catheter to the client’s arm, and left her client resting comfortably. About an hour later, the client called for the nurse reporting that he was experiencing pain in his arm at the IV site. When Sierra arrived in the client’s room, she observed swelling at the IV site indicating the IV had infiltrated. In the succeeding days, the client developed cellulitis at the IV site which progressed to a necrotizing wound necessitating the administration of antibiotics, wound care, and a lengthened hospital stay.

Please consider the following questions:

- Could this complication have been prevented?
- What may have gone wrong?
- Who was responsible?
- Was Sierra competent to perform this procedure?
- How would we know?
- What was Sierra’s accountability?
- What was the nurse manager’s accountability?

Introduction

Professional competence and healthcare quality improvement are priorities within the patient safety movement that has developed over the last decade. Two landmark publications by the Institute of Medicine (IOM), *To Err Is Human: Building a Safe Healthcare System (2000)* and *Crossing the Quality Chasm: A New Health System for the 21st Century (2001)*, highlighted the fallibility of healthcare providers and systems in the US and advocated for a new vision of the healthcare system and the development of better mechanisms to ensure the safety of patients. Members of the public are more acutely aware of the importance of patient safety and have greater expectations of their healthcare providers. As a result, healthcare providers have been called upon to become more accountable for the quality of the care they provide. To meet this challenge, nurses are accountable for attaining knowledge and competency that reflects current nursing practice. The call for this level of nursing accountability is being heard throughout the country, and North Carolina is no exception.

North Carolina (NC) Nursing Law and Rules hold all nurses accountable for accepting only those assignments for which they are competent. Registered nurses are accountable for “supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions” and for “providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly” (NC Nursing Practice Act, 2019). Licensed practical nurses are likewise held accountable for participating in client care and for “maintaining safe and effective nursing care, whether rendered directly or indirectly” (NC Nursing Practice Act, 2019). In addition, nursing managers are held responsible for assessing the capabilities and competence of personnel in relation to client status and plan of nursing care and for delegating responsibility or assigning nursing care functions to qualified personnel. Nursing administrators are further held accountable for ensuring a mechanism is in place to validate the qualifications, knowledge, and skills of nursing personnel; providing educational opportunities related to expected nursing performance; and ensuring the implementation of a system of periodic performance evaluation of staff. Competency requirements in addition to those specified by law, regulation, or accrediting bodies are defined by the employing agency. These requirements must conform to current standards of practice.

Nursing Competence

Nursing competence is a complex concept that is difficult to define and assess. Competencies emphasize the knowledge, skills, and behaviors that are required for success in a particular type and level of work. Technical skill, while a component of competency, is in itself meaningless without the knowledge of appropriate timing/frequency of and purpose for actions. The National Council of State Boards of Nursing (NCSBN) defines competence as the application of knowledge, and the interpersonal, decision-making, and psychomotor skills expected for the nurse’s practice role, within the context of public health, welfare, and safety (NCSBN, 2009). Competence may also be defined as the formal exhibition of a skill, ability, or aptitude of a professional nurse. Competence development is the method by which a nurse obtains, maintains, and refines practice knowledge, skills, and abilities. This development can occur through formal education, continuing education, or clinical practice and is expected to continue throughout the nurse’s career (NCSBN, 2009).

Competence does not mean expert. In her book, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice (1984)*, Patricia Benner applied the Dreyfus Model of Skill Acquisition to nursing. The Dreyfus Model was based on a study of chess players and airline pilots and suggested that a student passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Benner (p. 14) used this construct in examining the applied skill of nursing in actual clinical situations, that is, in the application of skilled nursing interventions and clinical judgment skills. Benner explained that students enter clinical practice as novices, but that any licensed nurse can also be considered a novice when entering a clinical area in which she or he has no actual experience. Students are taught the requisite knowledge and skills to become competent. Beginners are not experts, but they can be competent. Beginners perform nursing activities methodically, and it is through experience and continued study that they become proficient and subsequently move to the level of expert. Experts understand and know how to integrate nursing theory and experience gained through practice to function at a higher level. Experts analyze data, adapt/modify plans, problem solve, and utilize resources to achieve desired outcomes. Dracup and Bryan-Brown (2004) add to the Dreyfus Model a sixth level of proficiency, that of mentor. Mentors build on the knowledge and skills of the expert level and are crucial to the development of the next generation of nurses.

Competence Validation

The purpose of competence validation is to ensure that the individual has the right knowledge, skills, and behaviors to do the work that is required to fulfill the mission of the organization and the nursing plan of care. NCSBN (2009) defines competence assessment as the evaluation of the nurse's knowledge, skills, and abilities. Assessment mechanisms may include demonstration and observation, self-reflection, examination, peer review, professional portfolio, and professional certification. Validating competency assures that licensed nurses possess the functional abilities to perform the essential components of the particular nursing role and population focus.

Boards of Nursing use the National Council Licensing Examinations (NCLEX™) to test entry-level nursing competencies of candidates for licensure. When a new graduate passes the NCLEX examination he/she is considered to have met the minimum standards to practice nursing and to be minimally competent.

Who is responsible for assuring the competence of nursing staff and how is it done?

Assuring competence is a shared responsibility between the individual licensed nurse and nursing leaders. For the purposes of this article, nursing leaders include both nurse managers and nurse administrators.

The Role of the Individual Licensed Nurse

North Carolina Nursing Law and Rules require each licensed nurse to be responsible for his or her own competence reflecting current nursing practice. This is also one of the professional nursing standards established by the American Nurses Association's (ANA) Nursing: Scope and Standards of Practice (2004). North Carolina Nursing Rules state that the responsibilities which any licensed nurse can safely accept are determined first by law (i.e., it is

within the scope of practice) and then by agency policy. It is notable that an individual or agency employer may restrict nursing practice but may never expand it beyond the legal limits. The nurse must consider his/her own qualifications or competence which includes his/her basic educational preparation and his/her knowledge and skills subsequently acquired through continuing education and practice. The nurse must then determine if these qualifications or his/her level of competence is sufficient to handle the complexity and frequency of nursing care required by a given client or client population (NC Nursing Rules, 21 NCAC 36 .0224 and .0225).

Nurses in NC are now legally required to participate in a continuing competence process during each licensure cycle. Continuing competence, as defined in the Nursing Rules, means *“the on-going acquisition and application of knowledge and the decision making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served”* (NC Nursing Rules, 21 NCAC 36 .0120(12)).

The Role of Nurse Managers and Administrators in Competency Validation

The NC Board of Nursing does not specify what system of competency validation should be used. The nursing leaders (administrators and managers) in an organization are responsible for developing an environment that promotes continued learning and self-development. They also have the responsibility for assuring that competent staff are available to provide the clinical services that support client care needs and the mission of the organization. They are responsible for assessing and developing the capabilities of personnel in relation to client status, the plan of nursing care, and new equipment/technologies introduced in the agency. Competency assessment should be done by qualified individuals, i.e., appropriate professional, technical, or supervisory. An RN or other qualified professional (e.g., Advanced Practitioner or Physician) must validate the clinical competence of nursing personnel. Competence must be assessed upon hiring and at ongoing intervals during an individual’s employment with an agency. Initial assessment of competence should begin during the hiring process and continue during the orientation period in order to confirm the individual’s education, training, licensure, experience, and the specific qualifications and abilities required by the job description. Ongoing assessment is done at intervals in accordance with agency policy/procedures and moves beyond the assessment of initial job competencies to ensure that ongoing competence of staff is assessed, maintained, and improved. This can be especially challenging as the healthcare environment continues to change and evolve at a rapid pace (Arcand and Neumann, 2005). When competence expectations are not met, actions congruent with agency policies and procedures must be implemented.

Competence Validation Models

Various methods or combinations of methods of competency validation may be employed including, but not limited to, self-assessment, checklists, and 360 degree performance appraisals, observations of practice, simulation, peer review, and audits/review of documentation. Special consideration might be given to validation of competencies related to: activities that have low risk but high volume frequency and high risk but low volume frequency; sentinel events; incidents identified through risk management reports; medication errors; infection control infractions; area identified on patient satisfaction surveys; and complaints.

One approach to the documentation of continuing competence growing in popularity is the portfolio. Byrne, et al., (2009) provide a good overview of the portfolio method of competence assessment. The authors state that “portfolios provide an opportunity to present more competency evaluation points over a longer period, which is foundational to the philosophy of lifelong learning” (p. 547).

Paterson, et al., (2004) describe a competence validation model developed for community health nurses in Vermont. The model is based on the work of Benner using the competent level of nursing practice and defines three parameters of competence in maternal-child health nursing practice. These parameters include technical skills, interpersonal skills, and critical thinking skills.

Another resource that nurses may find helpful is an article by Arcand and Neumann (2005) in which they describe the implementation of a competency assessment program at the Mayo Clinic in Rochester, MN. This centralized nursing competency program incorporated all licensed nursing roles, including advanced practice nurses, across the continuum of care throughout the medical center.

Conclusion

Ultimately, the individual licensed nurse is accountable for evaluating, developing, maintaining, and improving her/his own competence. Competence assessment is an ongoing and dynamic process. Validation of competence is a core responsibility of nurse managers and administrators to ensure that qualified and competent nursing staff are available to provide the services that support the care needs of clients and the agency’s mission. In all nursing roles, evaluation of performance (technical skills, interpersonal skills, and critical thinking) through the ongoing systematic assessment of competency is a means through which nursing practice can develop and excel to the highest standards and thereby achieve the goal of improving patient safety.

Let’s revisit the situation with Sierra, RN, described at the beginning of this article. What may have occurred regarding the IV procedure that could have led to the negative outcome for the client? From the information presented, it appears that Sierra, while very competent in the simulation lab, had not been validated as competent in IV insertion in the clinical setting with actual clients. Also, the fact that she was unconcerned about the lack of blood return on insertion of the catheter, leads us to believe that she either overlooked this sign due to her enthusiasm about her first IV insertion experience in clinical practice; or, somehow, she was unaware of the significance of this important part of the procedure. If Sierra’s competence in IV insertion had, in fact, not been validated by another RN, Sierra should not have accepted this assignment. She should have informed her nurse manager when the order was received that she had not been validated as competent in this particular procedure. If the nurse manager was the one who assigned the procedure to Sierra, she/he made an inappropriate assignment to a nurse who was not competent to perform the assignment. It should be acknowledged that the client’s IV could have infiltrated for other reasons even if Sierra had been validated as competent in and performed the procedure correctly. However, the information available in this situation makes us question whether

she was competent in the procedure and whether the nurse manager fulfilled her/his responsibility in ensuring that staff were qualified and competent to perform safe client care prior to making assignments. It is important to note that the Board of Nursing would not take any disciplinary action against Sierra or the nurse manager based only on the information presented in this scenario. A full investigation of all the facts surrounding this situation would be undertaken prior to any action being taken by the Board.

On-line Reference Documents

Please access the following references, which complement this article, on the NC Board of Nursing website to gain a fuller understanding of the responsibilities of the licensed nurse (RN & LPN) regarding accepting assignment and competency validation.

NC Board of Nursing Position Statements

Go to www.ncbon.com, select "Practice" then select "Position Statements":

- Accepting an Assignment
- Competency Validation

Nursing Law

Go to www.ncbon.com, select "Law & Rules" then select "Nursing Practice Act."

- G.S. 90-171.20 North Carolina Nursing Practice Act, (7) & (8)

Nursing Rules (Administrative Code)

Go to www.ncbon.com, select "Law & Rules" then select "Administrative Code."

- 21 NCAC 36.0224 Components of Practice for the Registered Nurse (RN Rules), (a)(d)(i)(j)(k)
 - 21 NCAC 36.0225 Components of Practice for the Licensed Practical Nurse (LPN Rules), (a)(d)(i)
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