



# Strategies to Grow and Sustain a Competency Assessment Model Utilizing the Quality Safety Education for Nurses (QSEN) in the Clinical Setting



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## Background

- In the practice setting, a comprehensive measurement of competency assessment is essential upon orientation and ongoing education of clinical staff. As the Institute of Medicine (IOM) identified criteria for nursing to provide safe quality patient care, it became apparent the use of a traditional skills checklist was not an accurate measurement of competency.
- This shifted the thought process from measuring skills to a more comprehensive approach including knowledge, skills and attitudes. A review of the literature was completed and QSEN provided the framework for the competency assessment model.

## Four Phases

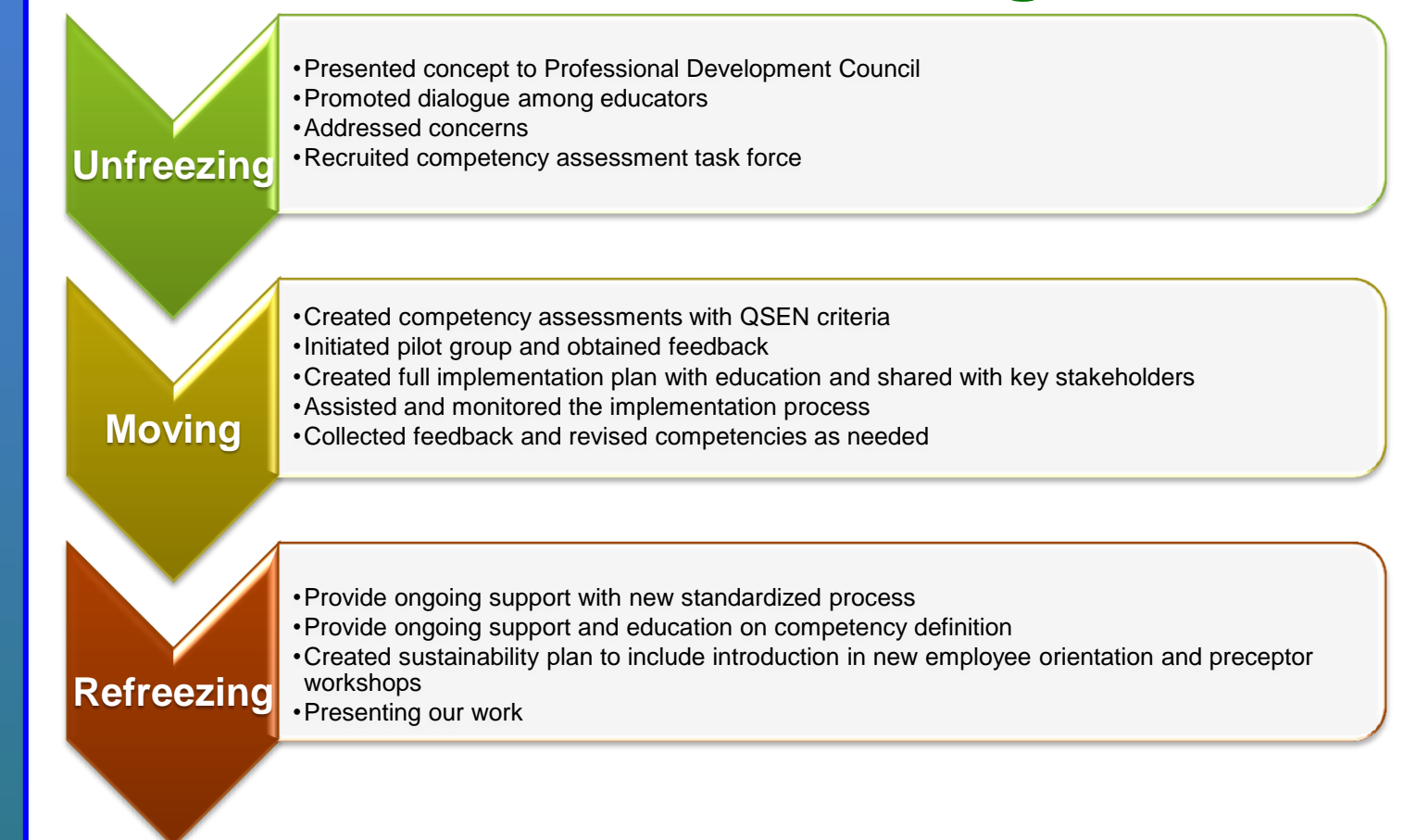
- Phase I** A task force was formed and based on a review of the literature the basic competency assessment, utilizing the six Institute of Medicine (IOM) criteria, focused on knowledge, skills & attitudes (KSA) was developed. Sections for learner self-assessment, method of instruction, and validation of competency were built into the tool and it was piloted.
- Phase II** A formative evaluation was conducted with preceptors and new hires, which identified a knowledge gap about QSEN, as well as utilization of the tool. Foundational education around QSEN, KSA, and the definition of competency was provided to stakeholders. Additional education on the roles & responsibilities of the Learner, Preceptor and Educator/Manager was provided and built into our Preceptor Workshops for sustainability. Once the basic tool (Tier I) was approved development continued into what is now a three tiered comprehensive competency assessment process. Tier II was designed, collaboratively, around patient populations i.e. Acute or Critical Care and Tier III addresses unit specific competencies.
- Phase III** Introduced the expansion of the competency tool to nursing support staff and other clinical disciplines. This prompted additional investigation into scope of practice, standards and policy as they related to delegation and roles
- Phase IV** Was the creation of the sustainability process including a three year revision cycle. Over the past four years this competency assessment work has flourished from a basic nursing assessment tool into an inter-professional framework. This work will continue to expand as we explore new opportunities.

## What is Competency?

“Competency is an expected level of performance that integrates, knowledge, skills, abilities and judgment.” (ANA,2008)

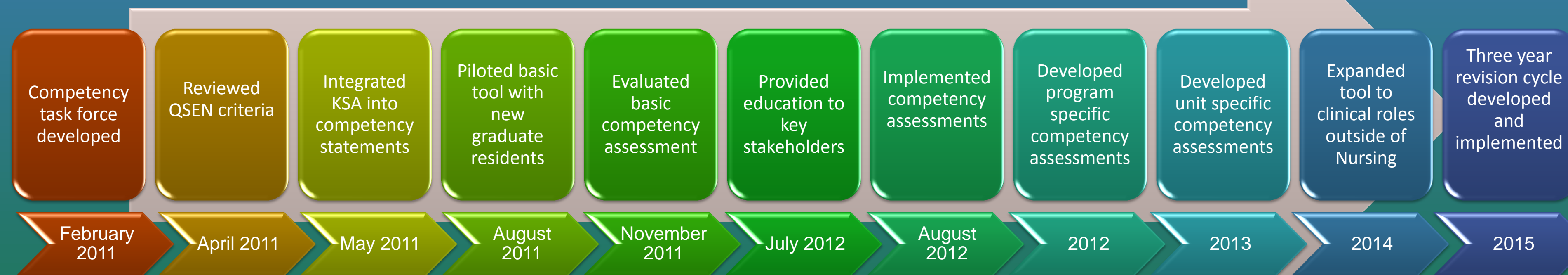
“Habitual and judicious use of communication, knowledge, technical skill, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served.” (Epstein, 2002)

## Innovation & Change



## Objectives

- Illustrate the integration of Quality Safety Education for Nurses (QSEN) into a clinical competency assessment
- Outline the process of development, growth & sustainability strategies
- Identify pearls & pitfalls when introducing an innovative competency process



## Framework

The six core QSEN competencies offer a common interprofessional language to build a safe practice environment.

- Patient-Centered Care
- Teamwork and Collaboration
- Evidence-based Practice
- Quality Improvement
- Safety
- Informatics

Competency is the measurement of knowledge, skills, and attitudes that demonstrate an expected level of performance. Quality safety education for nurses (QSEN) delineates the standard of expected knowledge, skills and attitudes for the professional nurse.

Competency Assessment Criteria	Self-Assessment		Validation of Competency			
	Needs review/ practice	Competent	Learner to Complete	Preceptor to Complete	Date	Initials
<b>A. Patient/Family Centered Care</b>						
1. Assessment Performs physical, psychosocial, spiritual, cultural, pain and learning assessment						
2. Identifies immediate patient needs based upon assessment data, developmental level, diagnosis specific priorities in collaboration with family						
3. Identifies patient/family communication needs and accommodates for different modes of communication						
4. Evaluates outcomes of care and modifies plan of care as appropriate						
5. Effectively and efficiently manages a typical patient care assignment						
6. Collaborates with patient/family to develop education plan						
<b>B. Teamwork Collaboration</b>						

Competency Assessment Criteria	Self-Assessment		Validation of Competency			
	Needs review/ practice	Competent	Method of Instruction	Date	Initials	Evaluation Method
8. Document correct charting, correct patient			P = Policy/Procedure Review E = Education Class C = Computer Based Learning D = Demonstration V = Verbal discussion			O = Observation RD = Return Demonstration T = Written Test V = Verbalize D = documentation
In signing this competency assessment, I agree I have been oriented as documented above. I recognize my own limitations, will seek resources when I am unsure of a planned action and agree to perform according to CHCO policy/procedures, Nurse Practice Act and Professional Standards of Practice.						
Signature of Employee _____ Employee Number _____ Date _____						
Preceptor signature	Preceptor Employee number	Preceptor Unit	Date			
Signature of Educator/Manager _____ Employee number _____ Date _____						

## Pearls & Pitfalls

**Pearls**  
*Quality*- Standardized language, Shared Governance approach, define competence, stated ownership expectations, inclusion of ambulatory  
*Finance*-QSEN supports transition to practice , No change in length of orientation, Sustainability- removal of brand-names, Small steering group able to advise/address unit specific needs  
*Education*- Ease of transition from academia to practice  
*Change*- Alignment of competency tool outside the DON, key stakeholders involved risk management/leadership

**Pitfalls**  
*Quality*- Learning assessment, survey stakeholders  
*Finance*- Volume of Tier III, Time to complete project  
*Education*-Varied awareness of QSEN language, varied use of old format  
*Change*- Inclusion along the journey, educator engagement, marathon effect

## Reference & Disclosure

American Nurses Association (ANA). (2008). Position Statement, Professional role Competence. Bernard, B. (2004). Kurt Lewin and the planned approach to change: a re-appraisal. *Journal of Management Studies*, 41(6), 977-1002.  
 Epstein, R.M., & Hundert, E.M. (2002) Defining and assessing professional competence. *JAMA* 287(2), 226-235.  
 Quality and Safety Education for Nurses (QSEN). (2015) <http://www.qsen.org>  
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