**Developing Competencies for Expanded Practice**

This principles identified within this document applies to all healthcare professional who are undertaking expanded practice.

**Defining competency**

The Nursing and Midwifery Council defines competence as “Possessing the skills and abilities required for lawful, safe and effective professional practice without direct supervision.” When expanding your role, assessment is essential for the maintenance of professional standards and patient safety. The assessment and appraisal of competence must be clearly defined by a set of measurable outcomes. Competency assessment frameworks provide an ideal method for achieving this outcome.

**What is a competency framework?**

A competency framework is a set of behavioral statements that define the skill and knowledge required for the leaner to be able to practice independently. Autonomous practice in the area of role expansion can only occur when the assessor is satisfied that the member of staff is able to demonstrate the required knowledge and skills. Every competency framework submitted must contain both the knowledge and skills element of the individual expanded practice. The following guidance will help you develop competency statements related to the knowledge (cognitive) and skill (psychomotor) component of the expanded practice.

When designing the framework the practitioner must ensure that the tool measures the knowledge and skill that it is supposed to measure to ensure a high degree of validity. The tool must ensure that the outcome from one assessment would be similar if the assessment were repeated. A tool would be deemed reliable if the learner received a similar score when the assessment was repeated after a short period of time with no additional training or education. Many factors can reduce reliability. To improve this it is important to keep the same assessor and to standardise testing procedures where possible however reducing environmental distractions can be a challenge in the clinical setting.

**Defining the knowledge component of the competency**

When writing competencies it is important to ensure that the learner is being tested at the required level. Knowledge can be measured by an objective test such as multiple choice questions, true or false questions or through direct questioning. For example if you wanted to determine the student’s comprehension of the infection control policy, you might ask a direct question such as: “What action would you take if you suspected that the patient had developed diarrohea?”

When writing the knowledge competencies remember that knowledge ranges from simple recall to more complex synthesis and evaluation. Six levels can be defined:

1. Knowledge – to be able to recall and memorise facts. For example being able to describe the signs and symptoms of asthma.

2. Understanding – being able to understand why something is done. For example understanding that salbutamol dilates constricted bronchioles and relieves the symptoms of asthma.

3. Application – being able to apply new knowledge in different situations. For example if you know how salbutamol works you will apply this to a patient who is not an asthmatic but has bronchospasm secondary to anaphylaxis.

4. Analysis – being able to examine a concept and break it down into its component parts so that the structure can be understood.

5. Synthesis – to reorganise information in a new way to solve a problems or create new meaning and structure.

6. Evaluation – to make judgments about the situation using standards of appraisal

It is important that the competency statement measures the appropriate level at which the practitioner will be expected to practice at within the expanded role. Knowledge without understanding may only be retained for a limited amount of time. The leaner may therefore be inconsistent in their practice and may not be able to function unsupervised over a long period of time.

**Defining the skill component of the competency**

The statement must ask the learner to demonstrate an activity in order that the assessor is able to observe practice. This can be achieved through live skill demonstration in practice or computer based stimulations.

When writing the skill competencies remember that skill ranges from observation and imitation thorough to multi-tasking behaviour where more than one skill is completed at any one time. For instance taking blood whilst assessing the patient’s response to the procedure and allaying their concerns. Five levels can be defined:

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| Level 5: No errors observed |
| Level 4: Occasional errors, corrected by trainee |
| Level 3: Frequent errors, corrected by trainee |
| Level 2: Frequent errors, not corrected by trainee |
| Level 1: Trainee unable to proceed without instruction/prompting |

A minimum level of 4 should be expected for all practitioners working under expanded practice protocols.

**Guidance for writing competencies**

1. Decide which level of knowledge the practitioner should be working at – knowledge, comprehension, application, analysis, synthesis or evaluation

2. Although a range of levels may be seen within the one competency framework, the majority should not fall below level 4.

3. Build the level of learning from the lowest level to the highest domain

4. For expanded practice roles, it is important not to have too many knowledge or comprehension statements. Emphasis should be on analysis, synthesis and evaluation

5. Begin with a present tense action verb appropriate for that level (see table)

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| **Knowledge level required for**  **practice** | **Competency statement verb** |
| Level 1: Knowledge | Define, identify, label, list, name, recall, outline |
| Level 2: Understanding | Describe, discuss, explain |
| Level 3: Application | Illustrate, demonstrate, interpret, apply |
| Level 4: Analysis | Analyse, appraise, compare, contrast, distinguish, examine |
| Level 5: Synthesis | Construct, create, design, develop, formulate, plan, prepare |
| Level 6: Evaluation | Appraise, assess, evaluate, predict, critique |

6. Each action verb must have an object – bacteria, aseptic technique or tracheostomy

7. There must be sufficient competency statements for the learner to demonstrate their knowledge and skills.

8. Each competency statement must be:

* Understandable – the learner must know what they are supposed to verbalize or demonstrate
* Observable – the assessor must be able to observe the activity
* Measureable – the assessor and learner must know what is expected and how that will be assessed

9. Do not use evaluative adjectives such as good, effective or appropriate - the assessor will have to make a judgment and this may vary between assessors and learner i.e. the assessor’s idea of good may be different from the learner.

10. Do not use evaluative adverbs such as quickly, promptly, slowly or immediately

11. Do not put more than one verb together at the beginning of the sentence e.g. create and analyse. The two actions must either be two competencies or written as one action.

13. Do not put more than one action in a competency statement

14. Describe the intended outcome i.e. what you want the learner to do

15. Use a verb that indicates how the skill will be demonstrated e.g. Assemble the equipment needed to undertake tracheal suctioning

16. Avoid any form of “understand”, “show understanding” “know”

**Examples of poor competencies**

* The practitioner will be able to understand the theory of antibiotic resistance - It is unclear how the learner will demonstrate what they know.
* The practitioner will describe asthma - It is unclear what the nurse should describe i.e. symptoms, signs, causes or pathophysiological processes?
* The practitioner will know what to do in a cardiac arrest - It is unclear what the learner should demonstrate. It could be a witnessed arrest, unwitnessed arrest, cardiac massage, mouth to mouth, the use of an ambu bag.

**Examples of good competency statements**

* The nurse will be able to inset an intravenous cannula with minimum discomfort to the patient
* The nurse will be able to describe the mechanism and effects on a patient when the vagus nerve is stimulated.

**Process summary**

* Clinical experts or national guidelines should identify the skills and knowledge needed to perform the expanded practice
* The guidelines should then be written as competencies with appropriate knowledge and skills levels
* A clinical expert undertakes a formative assessment of the practitioner
* The practitioner is then either acknowledged as competent or referred for further study or supervised practice
* The completed assessment is signed and is kept in the practitioners personnel file
* The practitioners keeps a copy of the completed assessment in their portfolio
* The competencies should be discussed during the practitioners yearly review
* Regular re-assessment is recommended and this should be agreed with the clinical assessor

For an example of a completed competency document, please see appendix 7 of the “Framework for Developing an Expanded Practice Protocol”