

Nursing Professional Development Competencies

Tools to Evaluate and Enhance
Educational Practice

Barbara A. Brunt, MA, MN,
RN-BC, NE-BC, FABC



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Dedication

The first edition of this book was dedicated to three individuals who have passed away, but who had a tremendous impact on my life. I want to acknowledge them in this edition also.

First I want to thank Doris Gosnell, my mentor, colleague, and friend. She decided to take a chance by hiring a nurse with an associate's degree in nursing and a bachelor's degree in education. When I first started my staff development career in 1978, I worked with nursing assistants and other non-professional staff. Through Doris's guidance and mentoring, I assumed more and more responsibility in that department, becoming a coordinator, and then ultimately the director of the department when she retired. She supported me as I went through my master's program in community health education, but always told me I needed to get a master's degree in nursing. I am sorry that she did not live to see me achieve that goal.

Next, I want to acknowledge my late husband, John G. Brunt. In our 34 years of marriage, he always supported my professional nursing endeavors, even though it took away from our time together. He was there as I completed the pilot and first four phases of the initial research study. I miss his smile, his sense of adventure, and his outgoing disposition.

Finally, I want to acknowledge my father, Raymond G. Johnson. As I worked for him at Johnson's Furniture throughout my junior high and high school years, I developed my work ethic and values, as well as my organizational and communication skills, which have served me well in my career path. He and Mom helped support me financially as I went through college and provided an ongoing source of encouragement throughout my life.



About the Author

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Barbara A. Brunt, MA, MN, RN-BC, NE-BC, FABC, is the ANCC Magnet Recognition Program® director for Summa Akron City and St. Thomas Hospitals in Akron, Ohio. She has held a variety of nursing professional development positions, including educator, coordinator, and director, for the past 36 years. Brunt has presented on a variety of topics both locally and nationally and has published 42 articles, five chapters in books, and six books, in addition to an online continuing education module. She served as a section editor for all four editions of *The Core Curriculum for Nursing Professional Development*, published by the National Nursing Staff Development Organization (now known as the Association for Nursing Professional Development).

Brunt holds a master's degree in community health education from Kent State University and a master's in nursing from the University of Dundee in Scotland. Her research has focused on competencies. Brunt maintains certification in nursing professional development and as a nurse executive. She completed a two-year leadership fellowship through The Advisory Board. She has been active in numerous professional associations and has received awards for excellence in writing, nursing research, leadership, and nursing professional development. She was a 2013 nursing excellence regional winner for advancing and leading the profession category through Heartland/Midwest Nurse.com.

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This book was made possible through the support and assistance of many individuals, and although I cannot recognize everyone who assisted with this endeavor, there are some special people I would like to acknowledge.

First and foremost, I would like to thank the nursing professional development (NPD) specialists throughout the United States who participated in the research studies that led to the development of the competency assessment tool. I asked for feedback and suggestions on the competencies and performance criteria and received a wealth of information from the respondents. This helped me refine and clarify the competencies and performance expectations. When I went back to members of the National Nursing Staff Development Organization (NNSDO), now known as the Association for Nursing Professional Development (ANPD) and asked for feedback on how the competencies fit into Benner's framework, they responded with valuable feedback.

Julia Aucoin is a dear friend and colleague. She provided support, assistance, and encouragement throughout all my research studies. In addition to suggesting I validate the results with academic educators, she helped gather data from a pilot group to gain additional feedback on how the performance criteria fit into Benner's novice-to-expert continuum, prior to the latest research study.

Dr. Liz Rogerson from the University of Dundee in Scotland helped me enhance my critical thinking skills and become a more reflective practitioner. As my dissertation advisor, she provided ongoing feedback in all the stages of this project to help make sense of all the data I had collected.

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About This Book

This book is based on the work *Competencies for Staff Educators: Tools to Evaluate and Enhance Nursing Professional Development*, written by Barbara Brunt in 2007.

The work has been updated to reflect the revised *Nursing Professional Development: Scope and Standards of Practice* and includes information on new competencies and performance criteria, as well as a classification of the competencies into Benner's novice-to-expert framework.

All the book's resources are available to download and customize for your practice, including the full listing of competencies.

To access the resources, please visit:

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Disclosure statement

The planners, presenters/authors, and contributors of this CNE activity have disclosed no relevant financial relationships with any commercial companies pertaining to this activity.

Learning objectives

After reading this book, the participant should be able to:

- Discuss the evolution of nursing professional development competencies
- Describe the use of Benner's novice-to-expert theory as applied to nursing professional development competencies
- Recognize the role of ANA and NNSDO's *Nursing Professional Development: Scope and Standards of Practice* in creating nursing professional development competencies
- Apply the nursing professional development competencies in professional practice



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Introduction

Although the focus on competence in nursing practice is a worldwide phenomenon and there is a lot of literature on educational methods to achieve competence, there is limited literature on nursing professional development (NPD) competencies or effective methods to measure the achievement of competencies by NPD specialists.

This book, which will add to the body of evidence-based staff development literature, is appropriate for NPD or patient educators in any setting. Since many of the educational competencies are similar regardless of practice setting, this may also be helpful as a resource for educators in other settings, such as academia or consultants.

Individuals can take the competencies in this book and immediately incorporate them into their practice. The book focuses on how to use this information in a variety of ways, such as by creating an orientation for a new staff development specialist, completing a self-assessment, creating criterion-based job descriptions, providing an orientation for new educators, or incorporating them as part of a performance development plan. This will provide a consistent, objective, validated tool to assist NPD educators in measuring their competence. With today's emphasis on cost-containment and accountability, it is critical that educators demonstrate their competence.

This book will provide specific performance criteria to evaluate a wide range of professional NPD educator competencies. The author consolidated information from a series of research studies designed to identify and validate specific criteria that determine whether NPD educators were meeting various competencies and also put in a framework consistent with the latest edition of *Nursing Professional Development: Scope and Standards of Practice* (American Nurses Association and National Nursing Staff Development Organization, 2010).

The book is divided into three sections. The first section provides an overview of the competency movement and describes how the educational competencies and performance criteria in this book were developed, incorporating the latest research on Benner's novice-to-expert framework. It has two new chapters, one detailing the additional competencies based on the revised standards and

a chapter on Benner's theory. The framework for the competencies was revised to incorporate Benner's framework. The chapter on methods that can be used to validate competence was updated.

The second section provides examples of how the competencies can be used and applied in the practice setting in a variety of roles. Specific areas include self-assessment, criterion-based position descriptions, orientation, performance appraisals, peer review and professional development plans, professional portfolios, and cultural competence. A new chapter on understanding generational differences was added.

The third section explores other potential uses of the competencies, as well as future trends. A new chapter was included on the educational implications of the Institute of Medicine Report *The Future of Nursing*. The self-assessment tool is included with the rest of the resources on the downloads page, so individuals can easily modify it to meet their individual needs. Please visit www.hcpro.com/downloads/12244 to access the downloads.



Competency Assessment and Validation

This section provides an overview of the competency movement and describes how the educational competencies and corresponding performance criteria in this book were developed. There is a new chapter with information on the competencies that were added from the first edition based on the revised *Scope and Standards of Practice* and a new chapter on Benner's novice-to-expert theory. The framework for the competencies is updated to be consistent with the new standards and incorporates results of the latest research on classifying the competencies on Benner's level of expertise. The final chapter in the section outlines methods that can be used to validate competence.

Chapter 1



Overview of the Competency Movement

Learning Objective

After reading this chapter, the participant should be able to:

- Discuss key components of competence and competency-based education

Key Concepts

Before beginning a discussion of nursing professional development (NPD) educator competencies, it is important to first discuss the key concepts and definitions. Most of these concepts have been defined in the 2010 edition of the American Nurses Association (ANA) and National Nursing Staff Development Organization (NNSDO) *Nursing Professional Development: Scope and Standards of Practice*.

Competency: “An expected level of performance that integrates knowledge, skills, abilities, and judgment” (ANA & NNSDO, 2010, p. 43). Competency focuses on one’s actual performance in a situation, which means that competence is required before one can expect to achieve competency (American Board of Nursing Specialties, 2011).

Core competency: “A defined fundamental level of knowledge, ability, skill, or expertise that is essential to a particular job” (ANA & NNSDO, 2010, p. 43).

Professional role competence: “Performance that meets defined criteria based on the specialty area, context, and model of practice in which an individual nurse is engaged” (ANA & NNSDO, 2010, p. 45).

Continuing education: “Those systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich nurses’ contribution to quality healthcare and their pursuit of professional career goals” (ANA & NNSDO, 2010, p. 43).

Nursing professional development: “The lifelong process of active participation by nurses to develop and maintain competence, enhance professional nursing practice, and support achievement of their career goals” (ANA & NNSDO, 2010, p. 1).

Nursing professional development specialist: “A registered nurse with experience in nursing education who: influences professional role competence and professional growth of nurses in a variety of settings; supports lifelong learning of nurses and other healthcare personnel in an environment that facilitates continuous learning; and fosters an appropriate climate for learning and facilitates the adult learning process” (ANA & NNSDO, 2010, p. 44)

Performance criteria: “Statements that define the critical or essential behaviors that represent a particular competency. These outcomes require integration of learning and application of that learning” (Brunt, 2007).

Why Is Competence Important?

Continuing competence is an issue that affects nurses in all practice settings. Society demands that nurses demonstrate their competence. Increased pressure from multiple healthcare regulatory agencies and the public necessitates comprehensive evaluation of staff competency. In addition, the emphasis on evidence-based practice has created increased scrutiny of clinicians and their preparation.

The issue of continued competence will remain a challenge to the health profession for many years. With ongoing changes in science and technology, the healthcare environment, patient expectations, and regulations, health professionals are challenged to attain and maintain competence throughout their career. However, definitions of competence and strategies to document competence vary, and there is little evidence to support specific, successful methods for validating competence.

What Is Competence in Nursing?

The focus on competence in nursing is a worldwide phenomenon. Klopper (2013) outlined several themes in her call to action for the Sigma Theta Tau International Honor Society of Nursing. Her overall theme was “Serve locally, transform regionally, and lead globally.” This included instituting core competencies and standards for professional nursing practice and developing nurses’ competency to assess and use technology and to effectively apply health information. Other themes related to competence include promoting lifelong learning systems for nurses, creating evidence-

based nursing models, and developing innovative strategies to educate patients, communities, and nurses.

Most writers agree that competency is about what someone can do. Competency involves both the ability to perform in a given context and the capacity to transfer knowledge and skills to new tasks and situations. Performance criteria outline the steps that must be taken to achieve competency.

Being “competent” in a task or role results from learning outcomes. One of the responsibilities of NPD specialists is to assess the competencies of nursing staff members. NPD specialists have an important role in promoting lifelong learning for nurses and documenting the competence of nursing staff members. These educators build on the education and experiential bases of nurses throughout their professional careers for the ultimate goal of ensuring quality healthcare for the public.

Competency-Based Education

Competency-based education (CBE) is one approach that NPD specialists use to assess and validate competence. CBE reflects a pragmatic concern for doing, not just knowing how to do. Competency models began to evolve during the 1960s as an approach to education, and today CBE models are a widely applied approach to validating competence. With CBE, the learners’ self-direction allows educators to act as facilitators to promote learners’ goals. The CBE approach is compatible with adult developmental needs.

Common characteristics of CBE include a learner-centered philosophy, real-life orientation, flexibility, clearly articulated standards, a focus on outcomes, and criterion-reference evaluation methods. CBE emphasizes outcomes in terms of what individuals must know and be able to do and allows flexible pathways for achieving those outcomes. A comparison of CBE and traditional education is provided in Figure 1.1.

Figure 1.1 | Comparison of Competency-Based Education (CBE) and Traditional Education

Characteristic	CBE programs (learner-centered)	Traditional education (teacher-centered)
Basis of instruction:	Participant outcomes (competencies)	Specific information to be covered
Pace of instruction:	Learner sets own pace in meeting objectives	All proceed at pace determined by instructor
How to proceed from task to task:	Master one task before moving to another	Fixed amount of time on each unit/module
Focus of instruction:	Specific tasks included in role	Information that may or may not be part of role
Method of evaluation:	Criterion referenced	Normative referenced

Source: Barbara Brunt. 2004.

Benefits of a competency-based approach include:

- Encouraging teamwork
- Enhancing skills and knowledge
- Increasing staff retention
- Reducing staff anxiety
- Increasing productivity
- Improving nursing performance
- Ensuring compliance with The Joint Commission (TJC) standard that all members of the staff are competent to fulfill their assigned responsibilities

The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program® (MRP) objectives include promoting quality in a milieu that supports professional nursing practice and promoting positive patient outcomes (ANCC, 2014). The focus on outcomes and involvement of

nurses in the decision-making process that is seen in MRP-designated hospitals is consistent with the tenets of the CBE approach for individuals.

Evidence-Based Practice and Practice-Based Evidence

In the updated model of nursing professional development specialist practice (ANA & NNSDO, 2010), the NPD process is illustrated with a systems model consisting of interrelated inputs, throughputs, outputs, and feedback. Evidence-based practice (EBP) and practice-based evidence (PBE) provide the core of the system throughputs. Competency programs are one of the processes that revolve around EBP and PBE. EBP is the integration of the best research evidence, educational and clinical expertise, and learner values to facilitate decision-making. Complementary to EBP, PBE is a study methodology related more directly to practice effectiveness and improvement that promotes a greater understanding of individual and group differences.

According to Melnyk, Fineout-Overholt, Gallagher-Ford, and Kaplan (2012), EBP is a problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values, and preferences. This definition not only incorporates research data but also acknowledges patient values. The current focus on EBP has caused increased scrutiny of clinicians and their preparation.

Why is there such an emphasis on EBP? First and foremost, it can lead to better patient outcomes. But it also is a response to pressures for cost containment from payers and healthcare facilities—if better and more efficient treatments are incorporated into practice, then the length of stay should decrease, as will overall costs.

Another reason for the focus on EBP is that consumers today are much more knowledgeable about treatment options. It is not uncommon for patients to go to the Internet to find out more information about a specific disease, test, or treatment. For example, WebMD is one of the most used healthcare sites providing information to consumers. Ultimately, EBP can provide opportunities for nurses to be more effective, and it acknowledges the value of nursing clinical judgment. Advantages of EBP are outlined in Figure 1.2.

Figure 1.2 | Advantages of Evidence-Based Practice

Produces better patient outcomes and/or educational outcomes
Responds to pressure for cost containment from payers and healthcare facilities, as well as educational administrators
Acknowledges increased consumer savvy about treatment and care options and learner savvy about educational strategies
Provides opportunities for nursing care and nursing education to be individualized, streamlined, more effective, and dynamic
Acknowledges the value of clinical judgment and critical thinking

Melnik et al. (2012) described the state of EBP in U.S. nurses. The top five barriers that were identified included:

1. Time
2. Organizational culture
3. Lack of EBP knowledge/education
4. Lack of access to evidence/information
5. Manager/leader resistance

Their study reinforced the tremendous need for nurse executives/leaders to build an organizational culture that supports EBP, implement strategies to enhance nurses’ EBP knowledge and skills, and provide environments where EBP can thrive and be sustained.

NPD specialists must provide learning opportunities regarding EBP and facilitate supportive cultures to achieve the Institute of Medicine’s goal that 90% of clinical decisions be evidence-based.

Nursing is a complex profession, requiring a good knowledge base and critical thinking skills. The function of nursing education is to produce a competent practitioner, adept in basic knowledge and with the ability to apply critical thinking. Nurse educators play a key role in helping nurses apply EBP concepts to their practice. New approaches to education and practice should be based on research and evidence of best practices. NPD specialists need to conduct research and utilize research findings on the best approaches to education and documentation of competency.

Competencies for Nursing Professional Development Specialists

We need to ensure we are using evidence of best practice in all aspects of nursing, including education. Historically, there has been little documentation of whether educators are using research-based methods or are competent to do the tasks with which they are entrusted.

There has been some research undertaken and articles published detailing specific competencies for NPD specialists. Brunt (2007) identified research-based competencies of the staff educator role in the first edition of this book. Harper (2013) identified both core competencies and qualifications needed to fulfill the intertwined roles of NPD practice according to the new standards.

Ramsburg and Childress (2012) did an initial investigation of the applicability of the Dreyfus skill acquisition model to the professional development of NPD specialists. The nurse educator role is complex and success requires a commitment to developing a continuum of skill acquisition. The importance of NPD specialist competence can't be overstated; it directly affects the skills and abilities of nurses. A tool was developed and 192 NPD specialists completed it. Participants rated their level of skill acquisition on a 5-point Likert scale. More than 90% of the respondents had a master's degree, post-master's certificate, or doctoral degree, and more than 70% had five years or more of teaching experience.

NPD specialists reported the lowest level of skill acquisition for: a) leading interdisciplinary efforts to address healthcare and education regionally, nationally, and internationally; b) balancing teaching, scholarship, and service; c) participating as a team member in scholarly activities and demonstrating effective proposal writing; d) designing and conducting research; e) disseminating information locally, nationally, and/or internationally to enhance nursing education; and f) advocating for nursing in the political arena. This study provided insight into skill acquisition among NPD specialists, as well as information regarding factors that play a role in knowledge and skill acquisition.

Davis, Stullenbarger, Dearman, and Kelley (2005) reported on the development and validation of competencies to guide the preparation of NPD specialists. They identified 37 competency statements to reflect the knowledge, skills, and abilities that all NPD specialists must demonstrate within the roles of teacher, scholar, and collaborator.

Difference Between NPD Competencies and Academic Educator Competencies

With the evolution in NPD practice, technology has changed the learning environment and the potential target audiences in both the continuing education and academic education domains. New methods of teaching and learning have developed, requiring changes in the NPD knowledge and

expertise to incorporate these into their educational programs. Academic education refers to those courses taken in colleges or universities after the basic nursing education program.

Academic courses may or may not lead to a degree or completion of a certificate program. Continuing education and academic education overlap as nurses select the most effective way to meet their professional development needs and as educators engage in their practice roles. Academic education may be accessed to pursue a specific course of study for a degree or certificate or as individual courses through which to update oneself in a particular area. Continuing education can be part of NPD or part of a formal academic program. Past editions of the scope and standards for NPD practice conceptualized it by three overlapping domains of staff development, continuing education, and academia. However, the updated practice model is based on a systems approach with input, throughputs, and outputs. System inputs include both the learner and the NPD specialist. System throughputs included a number of developmental and educational processes that revolve around EBP and PBE. These processes are orientation, competency program, inservice education, continuing education, career development and role transition, research and scholarship, and academic partnerships. System output and outcomes include learning, change, and professional role competence and growth, leading to protection of the public and provision of quality care. The feedback loops represent the continuing lifelong learning and growth that influences that constantly evolving practice of nursing and NPD (ANA & NNSDO, 2010).

Although some aspects of the educational role are similar across all settings, differences exist in competencies expected in the NPD role and competencies expected of an academic educator in a university setting. The educational process does not change with the setting, so the competencies specific to assessment, planning, implementing, and evaluating educational activities would be the same. Some of the differences are noted below.

Most frequently, academic educators are working with a group of students enrolled in an educational program over a preestablished period of time, usually a semester or quarter. They interact with the same group of students throughout that period and can build on previous sessions as students progress through the curriculum. Frequently, NPD specialists deal with participants in a single session or for very short periods of time. This makes it more difficult to build on information provided in previous sessions.

The National League for Nursing (NLN) identified core competencies of nurse educators. This arose from the Think Tank on Graduate Preparation for the Nurse Educator Role held in December 2001. Members of the Think Tank included faculty and administrators from associate degree, baccalaureate degree, and graduate nursing programs, as well as representatives from staff development and the higher education community. This group generated a list of eight competencies, with several ideas under each competency to further define the scope of each. Following the Think Tank, the Task Group on Nurse Educator Competencies began an extensive search of the literature to determine if the eight competencies were documented in evidence-based literature or if there was a need to

modify them. The final list had eight overall competencies, with 66 task statements identified further describing the competencies. The overall competency statements are outlined in Figure 1.3.

Figure 1.3 | Core Competencies of Nurse Educators

1. Facilitate learning
2. Facilitate learner development and socialization
3. Use assessment and evaluation strategies
4. Participate in curriculum design and evaluation of program outcomes
5. Function as change agents and leaders
6. Pursue continuous quality improvements in the nurse educator role
7. Engage in scholarship
8. Function within the educational environment

Source: Adapted from the National League for Nursing. 2005. "Core competencies of nurse educators with task statements." New York: NLN. Retrieved from www.nln.org/profdev/corecompetencies.pdf.

In many instances there are different expectations in the NPD role and academic role with respect to publishing. One of the task statements for the competency on facilitating learner development and socialization deals with dissemination of information through publications. The phrase "publish or perish" is frequently used by academic educators, who must publish to gain tenure. It is an expectation in many universities that faculty publish in peer-reviewed journals in their field. In most NPD specialist roles, this is not a required competency.

One of the task statements under the competency of engaging in scholarship relates to demonstrating skills in proposal writing for initiatives that include, but are not limited to, research, resources acquisition, program development, and policy development. Grant writing is an area that is more commonly seen in academic education. Many NPD specialists do not have any experience with grant writing and may not have the resources to develop expertise in that area. In many arenas, academic educators are expected to write grants and receive funding for their research projects.

The Association for Nursing Professional Development (ANPD), formerly known as NNSDO, is working on a document that will compare and contrast the roles of the NPD and academic educator, which should be available in late 2014.

Coates and Fraser (2014) described the role of the clinical nurse educator, whose primary role is to support the ongoing educational needs of nursing staff, as challenging and extensive. They proposed the creation and strengthening of collaborative networks with academic nurse educators to decrease feelings of isolation, sharing of ideas, reducing duplication of work, ongoing professional development, and mentorship.

This chapter provided an overview of the competency movement, including competency-based education, EBP, and NPD and academic educator competencies.

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Nursing Professional Development Competencies: Tools to Evaluate and Enhance Educational Practice

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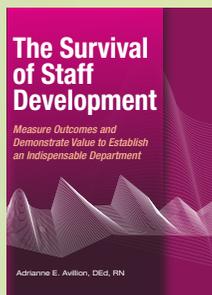
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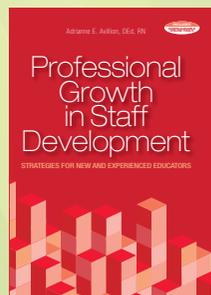
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