

Increasing the Impact of Your Healthcare Organization's Competency Program

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INTRODUCTION

The fundamental driver of excellence in patient care is—and always has been—competent practice in the healthcare profession. Competency is the “foundation of excellent care” (O’Shea, 2002). More than ever, establishing an effective competency assessment program is essential to providing quality care as well as meeting standards of regulatory bodies.

The Joint Commission significantly revised the standards and survey process. This initiative replaced hospital standards exclusively focused on capabilities with standards focused on the actual performance of the functions and processes, both clinical and organizational, that most significantly affect patient care (Whelan, 2006). A primary area of focus for The Joint Commission is to ensure that the hospital determines the qualifications and competencies for all staff positions. The Joint Commission standard HR.3.10 states, “Competence to perform job responsibilities is assessed, demonstrated, and maintained.”

The Joint Commission standards are not prescriptive and thus each organization needs to develop a process for competency assessment that fits within its culture, structure, and internal processes. In developing a competency assessment program, it is also important to understand that the initial assessment of job competencies at the time of hire differ from ongoing competency assessment. Ongoing competency assessment evaluates the knowledge, skills, attitudes, and behaviors that reflect the new, high-risk, problematic, and time-sensitive nursing functions of nursing practice (Wright, 2005). Considering these requirements and the inextricable relationship between competencies and quality of care, developing and implementing an effective competency program is crucially important. This white paper/research brief offers five recommendations to increase the impact of your healthcare organization's competency program.

(1) Professional standards should be used as competency baselines for clinical staff.

Competence is a complex concept; it necessarily denotes a quality that can be present to some varying degree. It does not, however, have an *inherent* operational definition and in order to measure a concept, the concept must be oper-

ationalized in some capacity (Waddell, 2001). At the very least, competency in a healthcare environment requires evaluation of both an employee's ability to meet job expectations and subsequent continuous effective care for assigned patients. Effectiveness includes improvements in patients' health status or positive outcomes and perception of satisfaction with the care given (Del Bueno, 2001). In short, *competency assessment involves much more than a checklist and a test, which is what makes it a challenge for educators and leaders* (Whelan, 2006).

Professional standards focus on outcomes associated with patient care. These standards are primarily set forth by the appropriate nursing professional association that corresponds to the individual areas of nursing practice. Straightforward “book knowledge” and technical skills are clearly important factors in developing competency—but *they do not demonstrate competency*. In fact, Del Bueno (2001) reported that “there is little or no correlation between undergraduate credentials and competency ability. Almost all RN graduates, regardless of educational preparation, are limited in their ability to meet entry expectations for safe practice.” Although their cognitive knowledge may have been exemplary, Del Bueno found that 50% of new RN graduates did not recognize a patient with classic symptoms of a myocardial infarction. These findings strongly support the recommendation to use professional standards, not a skills checklist, as the baseline for assessing competencies. By focusing on professional standards, an employee's ability to actually perform the expectations of his or her role in a particular setting is more accurately assessed. In turn, this approach leads to greater predictive validity regarding staff competencies and the quality of care delivered to patients.

(2) Evidence of staff effectiveness—a Joint Commission requirement for healthcare organizations—needs to be accessible, reportable, and actionable.

An effective competency program must incorporate a methodology for demonstrating that the practitioners in contact with patients—at each point of contact—possess the competencies relevant to the needs of the patients they serve. In other words, “the nursing workforce must be reconfigured to provide the right practitioners at the right locations performing the

right functions” (Bartels & Bednash, 2005).

It naturally follows that competency verification is a key process to track and record for all employees. Since the competency statements—and corresponding criteria based on professional standards—are specific to job roles and are customized to the organization, it is easy to see how competency verification can spiral in complexity, creating a substantial paper trail.

Moreover, keep in mind that competency verification can and should take many forms within the overall competency process (Wright, 2005). Some of the common methods include post-tests, return demos, observation, case studies, exemplars, peer review, self assessment, discussion groups, presentations, mock events, QI monitors, skills laboratory, and simulation software (Wright, 2005; Rebholz, 2006).

To track and manage competency programs, the soon-to-be-launched HealthStream Competency Center™ will offer an application to substantially streamline administrative work and produce reports demonstrating staff effectiveness—at any time. This unique application will allow you to instantly download any number of employee competency criteria lists, thus dramatically reducing paperwork and improving accuracy in tracking. As the only application of this type built from ground zero for healthcare organizations, the HealthStream Competency Center™ is ideally suited to support you in meeting The Joint Commission's new standards.

Of equal importance, the process of managing competencies to show evidence of staffing effectiveness concurrently mobilizes your efforts toward a wide range of quality initiatives. The focus on professional development and improved patient outcomes that is required to achieve ANCC Magnet® status, for example, is inherent in a competency program based on professional standards—as recommended in this research brief. An excellent case study of this process is provided by the Rehabilitation Institute of Chicago (RIC) (*Nursing Management*, April 2006). As the first and only independent rehabilitation hospital in the country to achieve Magnet status, their culture is built upon the values of quality improvement, professional development, and an overriding concern for good patient outcomes.

In another investigation (Cimiotti et al., 2005), nurses from magnet hospitals were reported to have a significantly more positive percep-

tion of nursing competence in their work environment than nurses from non-magnet hospitals. The larger point is that the benefits to be gained from compliance with The Joint Commission are considerable—especially in jump-starting your organization's commitment to quality and patient safety goals.

(3) Competency assessment data should be used to target where and to whom learning opportunities can best be offered to produce optimal results.

The ability to assess, track, and report competencies for each employee means that remediation and professional development opportunities can be targeted on an “as needed” basis. In other words, learning resources can be allocated for optimal impact. Only the employees who need a particular learning activity should ideally receive the opportunity to participate in the activity. This targeted approach to learning stretches healthcare organizations' training and education budgets—which are not infrequently already squeezed.

Targeting learning opportunities based on individual competency assessments yields a secondary benefit related to organizational culture. Using patient outcomes data to determine where remedial learning is required is received much more supportively by staff if the decision is made to meet individual learning needs rather than addressing as a global department. By categorically lumping everyone into a group that is assigned remedial learning because one person (hypothetically) failed to demonstrate a competency that resulted in an unfavorable outcome, frustration is inevitable and resentment is likely. By following the recommendations in this research brief for increasing the impact of your competency program, learning effectiveness is enhanced where it is most needed—and your organizational culture will most likely improve at the same time.

Moreover, research has identified a statistically significant link between opportunities for continuous learning for hospital employees and their perceptions of a patient safety culture (Armstrong & Laschinger, 2006). This result is consistent with suggestions made in the 2004 report by the Institute of Medicine (IOM) on workplace conditions that ensure patient safety.

(4) A flexible learning program is needed that can immediately accommodate targeted learning needs for optimal competency enhancement.

There is a diverse array of learning activities utilized in healthcare organizations by employees.

“The interactive nature of computerized learning allows for more involvement by the learner, resulting in greater learning.”

R.A. RIDGE

(July, 2005) *Nursing Management*

Orientation training, in-service education / CE, preceptorships, blended learning, instructor-led training, online learning, online simulation-based training, virtual classroom activities, and self-study guidebooks are all examples of learning activities that can comprise a healthcare organization's learning program.

The role of online learning modalities is growing in importance to healthcare organizations for a number of reasons. The cost benefits of online learning are significant, with around a 50% reduction for delivering a course via e-learning versus instructor-led training (Hall, 2001). Moreover, the time savings associated with online learning are particularly advantageous to healthcare professionals—who often have extended shift schedules and work in departments that are frequently understaffed. Online learning can take anywhere from 25% to 60% less time to convey the same amount of instruction or information as in a classroom (Rosenberg, 2001).

Accurate, comprehensive, rapidly available content is also critical to healthcare staff. The information employees need is constantly changing and accuracy is essential to provide quality care to patients. The immediate accessibility of superior online content is increasingly making online learning the cornerstone of learning programs in some of the industry's most progressive healthcare organizations (Walker et al., 2006). The steps taken to respond to a deficient competency can be greatly expedited through online learning, which ultimately means safer patient care and improved outcomes.

The concept of online learning has dramatically expanded in the last few years. Advances in simulated, web-based clinical learning are showing particular promise in competency assessment and validation (Serpian et al., 2004). Simulated experiences are beneficial in clinical settings as a means of developing and evaluating nurse competence (Landry et al., 2006). Given the excellent quality of simulation technology now available for healthcare professionals, the adherence to professional standards in assessing competencies is maintained with a focus on “patient outcomes”—but without the risks.

Last year (2006), a two-day event was held at the University of Louisiana at Lafayette where 75 nurses participated in a competency assess-

ment process using three Laerdal SimMan patient simulators and six Immersion Medical IV Cath-Sim Vascular Access Simulators. The process was deemed an overwhelming success with 95% of nurse participants agreeing that “the experience was a valid and realistic way to measure my individual competence on the skills I was tested on today” (Landry et al, 2006).

(5) Performance appraisals should be based on competency assessment.

A performance evaluation should assess how well an employee actually performs his or her responsibilities. Therefore, it is necessary to initially assess competencies before conducting a performance evaluation. A competency program providing documented competency assessments for each employee that is immediately retrievable in a report format greatly enhances the likelihood of productive performance appraisals. Since competency assessments are focused on patient outcomes, performance evaluations, in turn, are based on patient outcomes via competency assessment. This shift in focus has profoundly positive consequences for healthcare organizations.

One of the most important consequences is that accountability is incorporated into the overall competency process. As Donna (2005) explains, “The employee is accountable to verify his or her own identified competencies. This does not mean that the employee does a self assessment. It does, however, mean that the employee must collect the evidence that demonstrates individual competency. The manager's role is to create an environment that encourages and supports this achievement, rather than to check off or observe the employee's behavior.”

One might reasonably speculate that placing greater accountability on employees may prove unproductive in establishing a conducive, positive culture since it requires additional effort and work. *Quite the opposite is the case.* Employing peer competency evaluations, for example, as a method of competency validation (which is included in performance appraisals) has been reported to be associated with enthusiasm and pride among the employee validators. The employees who provided peer validations experienced empowerment and greater involvement in their departments (Ringerman et al., 2006).

“Competence assessments and performance evaluations aren't the same. You must initially assess competence before conducting a performance evaluation.”

J.E. HERRINGER

(February, 2002) *Nursing Management*

CONCLUSION

This research brief / white paper has focused on five recommendations to increase the impact of your healthcare organization's competency program. To summarize: **(1)** Use professional standards in addition to skills checklist to assess competency, **(2)** Adopt a system to readily manage your competency program and produce reports showing evidence of staff effectiveness, **(3)** Target learning by offering specific learning activities to the particular people who need it to improve competencies, **(4)** Develop a flexible, rapidly available learning program that can accommodate targeted learning needs, and **(5)** Base performance appraisals on competency assessments.

These five recommendations are not assumed to be exhaustive; they merely represent advice to set a productive pathway toward organizational excellence. It is always insightful to remain cognizant of the high-level vision to create a culture of safety where patient outcomes are optimized. By ensuring that all members of the healthcare team are empowered and professionally supported through your competency program, employees can lead your organization in creating an open, honest, and responsive culture of patient safety.

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