



## **Principles underpinning Competency Assessment**

The Australian Nursing and Midwifery Council [ANMC]<sup>1</sup>, defines competence as “*the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in professional/occupational area*”. Within this holistic view of competence, clinical tasks (such as administration of chemotherapy or care of a central venous catheter) are understood as skill elements within a more complex unit of competence. Broadly, competence encompasses the nurse’s ability to assess, plan, implement, evaluate and communicate care. Therefore the focus of assessment would include the values, attitudes, reasoning and judgment required for effective performance in addition to the more readily observable and measurable dimensions of skills performance<sup>2</sup>. For these reasons, competency standards are broadly defined and open to interpretation depending on the context in which they are being assessed. Additionally, the need for evaluation in different domains of competence requires the development of different methods of assessment. For example, common methods for assessing competence include the Objective Structured Clinical Examinations (OSCE), written tests, portfolios and self/ peer assessment<sup>3</sup>. However there is no agreed consensus within the literature as to the best method of assessment for each type of competency or context.

It is possible however to apply a pragmatic framework of competency assessment to guide the development of assessment tools. This framework consists of a set of principles to underpin competency assessment of specialist cancer nurses. The principles are presented using the following sub-groups:

1. General Principles
2. Competency Assessment Principles
3. Competency Assessment Tools

## **1. General Principles**

1.1 Through the promotion of an agreed standard and a clear articulation of what is expected of nurses in specific domains of practice, competency assessment can promote a safe, ethical and effective workforce, portable recognition of expertise across industry and greater consumer confidence in the practice of professionals while fostering the professional growth of individuals<sup>4,5</sup>.

1.2 The priorities, needs and experiences of people affected by cancer can be used to guide competent nursing practice. The specialist cancer nurse's ability to respond effectively to the priorities, needs and experiences of people affected by cancer should therefore be a core focus of competency assessment.

1.3 The National Professional Development Framework for Cancer Nursing (EdCaN) defines the core domains of practice and associated competency

standards expected of nurses at various levels of practice and thus provides a structure for the development of competency assessment tools.

1.4 Determining priorities for assessing competence should take into consideration those units of competency that: are common and important across the context of practice; are observable and measurable; demonstrate variability of performance levels; reflect stakeholder views; and have high impact<sup>6</sup>.

1.5 Competency assessment, while needing to reflect the specific clinical, cultural and social context of an individual's health needs, must also reflect established standards of care in meeting the needs of people affected by cancer and be responsive to changes in cancer control practices.

1.6 Competency assessment processes should be consistent with standards defined by regulatory and professional bodies, best available evidence, and Australian Government priorities in cancer control.

## **2. Competency Assessment Processes**

2.1 Timing and environment must be conducive to learning with safety for the person being assessed promoted.

2.2 Competence assessment should be a supportive process that is beneficial rather than punitive.

2.3 The use of competency assessment as part of a developmental process for specialist nurses requires:

- a. A competency assessment recording tool that captures the period in which the assessment was conducted, so that stage in professional development and training needs can be identified;

- b. A tool/ process must also allow for the provision of supportive feedback<sup>3</sup> and that helps nurses to attain the expected standard of performance;
- c. Linkage with appropriate opportunities for professional development to assist the nurse to acquire and enhance the required areas of competence.

2.4 The decision to deem an individual 'competent' is based on inferences an assessor has drawn from a series of observed tasks<sup>5</sup>. *"Inferences refer to the conclusions drawn on the synthesis and interpretation of evidence and subsequently, require judgement on the basis of the evidence gathered and prior beliefs or expectations"* <sup>7</sup>. As it is not feasible to observe the cancer nurse's performance in all contexts, assessors use inferences to generalize and extrapolate future performance from the evidence collected within limited contextual opportunities. As such, there may be some degree of uncertainty around the resultant judgement<sup>5</sup>.

2.5 Whilst preset criteria may be defined within assessment tools to assist with the formulation of judgement, there is no guarantee that the criteria will be interpreted by different assessors in the same way<sup>8,9</sup>.

2.6 As an assessor's judgment can be influenced by a number of extraneous factors including vocational achievements, employment history, expectations, level of motivation and attitudes, and relationships<sup>9,10</sup>, the choice of method used to measure competence, the perceived importance of the form of evidence collected and by the experience of the assessor<sup>11</sup>,

every effort must be made to recognise and minimise bias in the assessment process.

2.7 The requirement for evaluation in different domains of competence requires the development of different methods of assessment. However there is no agreed consensus within the literature as to one preferred method for competency assessment.

2.8 In order for assessments to be reliable, meaningful and have currency beyond the settings in which they are produced, observational contexts must be limited, defined and calibrated<sup>8</sup>.

2.9 Two or more indicators or types of assessment, (ie. direct observation and oral examination) are likely to be more reliable and valid in assessing competency.

2.10 Those involved in the assessment of competency must have adequate training in the field of competency assessment and ways to ensure valid and reliable competency assessment processes.

### **3. Competency Assessment Tools**

3.1 Competency assessment tools should be reliable; reliability is concerned with how accurate or precise the tool is as a measurement instrument and ensures that decisions are reproducible by the same assessor (intra- rater reliability) or by different assessors (inter- rater reliability).

3.2 Competency assessment tools should be valid; the tool/ indicator should be based on/ resemble workplace contexts (face validity); represent the full range of knowledge and skill specified within the competency standard (content validity); and collect supporting evidence (construct validity).

3.3 Competency assessment tools should be feasible; the indicators should be able to be conducted in or near the workplace and within the resources available<sup>9,12</sup>.

3.4 Where rating forms are used to assess clinical competence they should normally consist of three parts;

- a. The clinical behaviours to be evaluated;
- b. A predetermined range of reference points on the rating scale; and
- c. A label for each reference or scale point.

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## References

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