The description and meaning of clinical competency:
perceptions of acute care nurse managers and pre-licensure baccalaureate faculty

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Background and Purpose of the Study:

- **Background:**
  - **Clinical competency in nursing is a significant concept as determined by the IOM *Future of Nursing***
  - **No widely accepted understanding of the meaning of clinical competency is found currently in the nursing literature.**
  - **Educating nursing students to achieve an entry level of clinical competency is an essential foundation of the nursing profession.**
- **Purpose:**
  - **Describe clinical competency**
  - **Gain an understanding of the meaning of clinical competency from the perspective of acute care nurse managers and pre-licensure baccalaureate nurse faculty**

RESEARCH QUESTIONS:

- How do acute care nurse managers describe clinical competency?

- How do pre-licensure baccalaureate nurse faculty describe clinical competency?

- What is the meaning of clinical competency for acute care nurse managers and pre-licensure baccalaureate nurse faculty?

- What are the expectations of clinical competency of the new graduate nurse form the perspective of acute care nurse managers?

Methodology:

- **Interpretive Description Design:**
  - Must have a goal for practice
  - Must support an appreciation of what knowledge is available
  - Allows for the development of questions in the context of seeking knowledge available according to the evidence
  - Obtains knowledge for nursing practice, using a purposive sample and proceeding with an inductive analysis of the descriptive data

SAMPLE: ACNM and BNF

Acute Care Nurse Managers (n = 8)

Pseudonym	Age	Degree	Clinical Specialty	How many new grads annually	Years as a Nurse	Years as a Manager
Art	31	BSN	ICU	5	9	5
Bob	33	BSN	Med- Surg	5	6	3
Carla	35	MSN	Neonatal ICU	4	11	3
Diane	53	BSN	Telemetry	4	15	8
Emily		BSN	Med-Surg	2	25	3
Fiona	60	MSN	Telemetry	6	39	21
Hanna	54	MSN	Med-Surg	2	33	10
Ida	49	MSN	Telemetry	2	27	7

Pseudonym	Age	Degree	Clinical Specialty	Years as a Nurse	Years as a Faculty
Amanda	54	MSN	Med-Surg	32	4
Betty	54	MSN	Maternal- Child	30	7
Cindy	57	MSN	Pediatrics	17	8
Deb	57	PhD	Med-Surg	34	24
Eileen	49	MSN	Med-Surg	28	4
Faye	54	PhD	Pediatrics	38	5
Gail	47	MSN	Med-Surg	26	7
Hazel	47	MSN	Med-Surg	20	15
Ina	38	MSN	Pediatrics	16	3

THEMES:

➢ ***Applying metacognitive judgments***

➢ ***Getting the big picture***

➢ ***Providing safe care***

➢ ***Developing professional nursing behaviors***

Findings: ACNM

- ***Applying Metacognitive Judgments***
  - I don't know how to explain it but you don't know what you don't know.
- ***Getting the Big Picture***
  - Verbalize more of an assessment of the real picture of kind of what's really going on.
  - We all try to focus on is like the bigger picture and not working the tasks off the list.
- ***Providing Safe Care***
  - Safe implementation of well-defined care
  - Evidence-based care, that's it
  - Safe implementation of well-defined evidence-based care as outlined by the organization.
- ***Developing Professional Behaviors***
  - Need to be part of a group and a team.
  - You are not on an island
  - Mature professional individuals….we don't want any cowboys.

Findings: BNF

- ***Applying Metacognitive Judgments***
  - You just have to be a hard worker and recognize what you know and don't know

- ***Getting the Big Picture***
  - A student that is truly trying to learn, to understand the bigger picture of the whole process versus I am going in and I am going to put a Foley in, rather sees the bigger picture.

- ***Providing Safe Care***
  - She is safe, she is accurate, she achieved the outcome and the behavior is appropriate

- ***Developing Professional Behaviors***
  - They come to clinical prepared, not just physically
  - They are organized and get their work done
  - They interact with people with a level of maturity.

ACNM and BNF: COMPARISONS

- ***Applying Metacognitive Judgment:***
  - ***Managers***- new graduates recognizing where they lacked knowledge to care for their patients
  - ***Faculty*** – student preparation & self-evaluation of their knowledge
- ***Getting the Big Picture:***
  - ***Managers***-new nurse that was able to holistically view the patient and then make clear decisions
  - ***Faculty***-students as *getting the big picture* and being able to recognize needed changes
- ***Providing Safe Care:***
  - ***Managers***- providing evidenced-based care & not making serious mistakes
  - ***Faculty***- pro*viding safe care* , accurate medication administration & performance of skills
- ***Developing Professional Behaviors:***
  - ***Managers***-new graduate able to delegate to assisted personnel & organization & time management
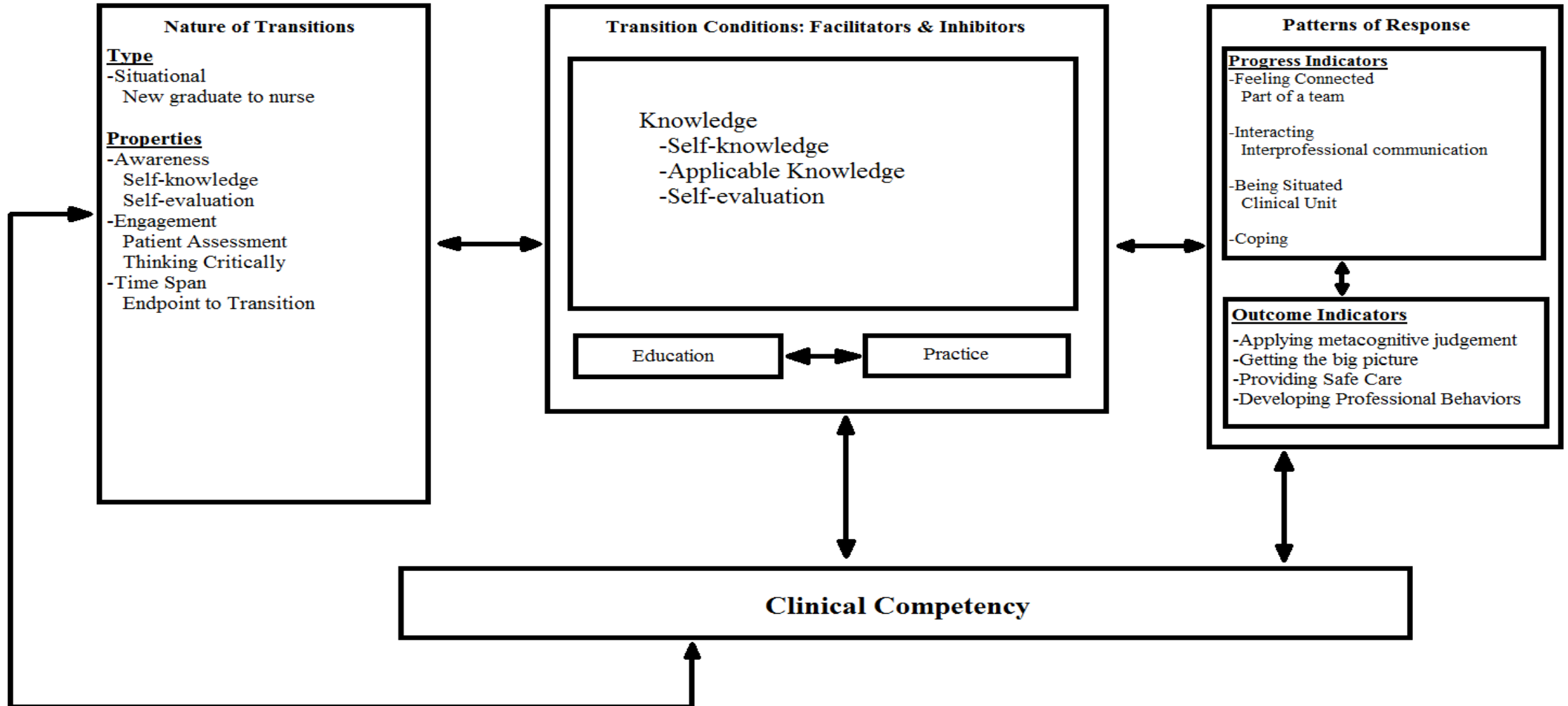 - ***Faculty***- organization & time management

Definition:

- *Clinical competency* is the ability to provide safe care in a manner that views a larger perspective of the patient; and an ability to accurately assess and critically think through the best options for care using evidence-based practice. It also addresses the student/nurse's ability to apply metacognitive judgment through a demonstration of understanding self-knowledge, applicable knowledge and self-evaluation while incorporating attributes such as effective communication, efficient time management, and delegation in their clinical practice (Meehan, 2016).

Theoretical Framework:

- The basic concepts from Transitions Theory applicable to this study are:
  - the nature of the transition
    - new graduate nurse is transitioning from the role of student to the role of practicing nurse
    - complexity to the transition as new graduate moves through time
    - Awareness, engagement, time span
  - transition conditions needed to progression
    - preparation and knowledge
  - patterns of response needed for progress
    - feeling connected, interacting, being situated, and coping

TRANSITION THEORY:

Nature of Transitions

Type
-Situational
  New graduate to nurse

Properties
-Awareness
  Self-knowledge
  Self-evaluation
-Engagement
  Patient Assessment
  Thinking Critically
-Time Span
  Endpoint to Transition

Transition Conditions: Facilitators & Inhibitors

Knowledge
  -Self-knowledge
  -Applicable Knowledge
  -Self-evaluation

Education   Practice

Patterns of Response

Progress Indicators
-Feeling Connected
  Part of a team

-Interacting
  Interprofessional communication

-Being Situated
  Clinical Unit

-Coping

Outcome Indicators
-Applying metacognitive judgement
-Getting the big picture
-Providing Safe Care
-Developing Professional Behaviors

Clinical Competency

Future Research:

- Development of an instrument to be used in objectively evaluating clinical competency incorporating data from this study.

- The development of an instrument that standardizes clinical competency for students and practicing nurses which could be used for the student in the acute care setting and progressing through to the new graduate's clinical practice.

- A qualitative study that considered the best ways to measure and incorporate the theme of *applying metacognitive judgments* and the faculty approach to clinical evaluation.

- A comparison of clinical experiences in the acute care setting looking at specialty areas and the general medical-surgical setting comparing the evaluation of clinical competency using the four themes derived from this study.

- An evaluation of the clinical experience from the perspective of the student nurse to determine if an approach to clinical competency using the data derived from this study improves the experience.

References:

American Association of Colleges of Nursing (2008). *The essentials of baccalaureate education for professional nursing practice.* Retrieved from: http:// http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf

American Association of Colleges of Nursing (2015). *Nursing faculty shortage.*   Retrieved from http://www.aacn.nche.edu/media-relations/fact sheets/nursing-faculty-shortage

American Nurses Association (2007). *Nursing: Scope and standards of practice* (2nd Ed.). Silver Spring: MD.

Appleton, J. V., & King, L. (1997). Constructivism: A naturalistic methodology for nursing inquiry. *Advances in Nursing Science*, 20, 13-22.

Axley, L. (2008). Competency: A concept analysis. *Nursing Forum, 43,* 214-222. doi: 10.1111/j.1744-6198.2008.00115.x

Blanzola, C., Lindeman, R., & King, M. (2004). Nurse internship pathway to clinical comfort, confidence, and competence. *Journal for Nurses in Staff Development, 20,* 27-37.

Chick, N. & Meleis, A. (1986). *Transitions: A nursing concern.* Boulder, CO: Aspen Publications.

Confidentiality and Transcription Hub. (n.d.). Retrieved January 26, 2015, from http://www.transcriptionhub.com/enterprise

Cowan, D. T., Norman, I., & Coopamah, V. (2005). Competence in nursing practice: A controversial concept: A focused review of literature. *Nurse Education Today*, *25*, 355-362. http://dx.doi.org/10.1016/j.nedt.2005.03.002

DeBrew, J. K., & Lewallen, L. P. (2014). To pass or to fail? Understanding the factors considered by faculty in the clinical evaluation of nursing students. *Nurse Education Today, 34,* 631-636. http://dx.doi.org/10.1016/j.nedt.2013.05.014

Dell Acqua, M. C. Q., Miyadahira, A. M. K., & Ide, C. A. C. (2009). Planning nursing teaching: Educational purposes and clinical competence. *Revista da Escola de Enfermagem, 43,* 264-271.

DiCiccio-Bloom, B., & Crabtree, B. (2006). The qualitative research interview. *Medical Education Today, 40,* 314-321.

Dudek, N., Marks, M. & Regehr, G. (2005). Failure to fail: The perspectives of clinical supervisors. *Academic Medicine, 80,* 84-87.

Edwards, H., Smith, S., Courtney, M., Finlayson, K., & Chapman, H. (2004). The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse Education Today*, *24*, 248-255.

References:

Garside, J., & Nhemachena, J. (2013). A concept analysis of competence and its transition in nursing. *Nurse Education Today, 33,* 542-545. http://dx.doi.org/10.1016/j.nedt.2011.12.007

Hunt, M. (2009). Strengths and challenges in the use of interpretive description: Reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research, 19,* 1284-1291. http://dx.doi.org/10.1177/1049732309344612

Institute of Medicine (2010). *The future of nursing: Leading change, advancing health.* Washington, D.C.: The National Academies Press.

Ironside, P., & McNelis, A. M. (2011). Transforming clinical education. *Journal of Nursing Education, 50,* 123-124.

The Joint Commission (2016). Patient safety systems. *Comprehensive Accreditation Manual for Hospitals,* 1-10.

Josephesen, J. (2014). Critically reflexive theory: A proposal for nursing education. *Advances in Nursing, 2014,* 1-8. doi.org/10.1155/2014/594360

Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing, 53,* 91-103. http://dx.doi.org/10.1111/j.1365-2648.2006.03681.x

Larocque, S., & Luhanga, F. L. (2013). Exploring the issue of failure to fail in a nursing program. *International Journal of Nursing Education Scholarship, 10,* 1-8. doi: 10.1515/ijnes-2012-0037.

Lejonqvist, G., Eriksson, K., & Meretoja, R. (2011). Evidence of clinical competence. *Scandinavian Journal of Caring Sciences, 26,* 340-348. doi:10.1111j.1471-6712.2011.00939.x

Levett-Jones, T., Gersbach, J., Arthur, C., & Roche, J. (2011). Implementing a clinical competency assessment model that promotes critical reflection and ensures

Thank you