Nurse and Midwife

Clinical Competency Determination and **Competency Development Planning**

Toolkit

NOVEMBER 2010

National Council for the
Professional Development
***of* Nursing *and* Midwifery**

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

Mission Statement of the National Council

The purpose of the Council is to promote and develop the professional roles of nurses and midwives in partnership with stakeholders in order to support the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

This toolkit may be cited as "Higgins, A., Begley, C., Timmons F., McGonagle, I., Nevin M. et al (2010) Nurse and Midwife Clinical Competency Determination and Competency Development Planning Toolkit. Dublin: National Council for the Professional Development of Nursing and Midwifery"

Published by

National Council for the Professional Development of Nursing and Midwifery
6-7 Manor Street Business Park, Manor Street, Dublin 7

t: 353 1 882 5300 f: 353 1 868 0366

e: admin@ncnm.ie

w: www.ncnm.ie

Contents

Acronyms

ABA	An Bord Altranais
ADoN	Assistant Director of Nursing
AMP	Advanced Midwife Practitioner
ANP	Advanced Nurse Practitioner
CCAWI	Centre for Clinical and Academic Workforce Innovation in the UK
CMM	Clinical Midwife Manager
CMS	Clinical Midwife Specialist
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CPD	Continuing Professional Development
DoN	Director of Nursing
ED	Emergency Department
HSE	Health Service Executive
ICN	International Council of Nursing
NCNM	National Council for the Professional Development of Nursing and Midwifery
MCQ	Multiple Choice Question
OHM	Office for Health Management
OSCA	Observed Structured Clinical Assessment
RCN	Royal College of Nursing
UK	United Kingdom

Glossary of Key Terms

A Competency

Describes what is observed when a nurse or midwife combines knowledge, skills, attitudes and judgement to perform role-relevant tasks. A competency is often written as a short descriptive statement called a competency statement.

Behavioural Indicators

Behavioural indicators are the detailed and working part of an individual competency. Behavioural indicators are a set of observable behaviours that indicate that the nurse or midwife has the knowledge, skills, attitudes, values and professional judgement required for effective performance of the competency identified.

Competence

'A complex and multidimensional phenomenon and is defined as the ability of the Registered Nurse [Midwife] to practise safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice' (ABA, 2005a).

Competencies

Competencies is the plural of a competency. They are a collection of competency statements that relate to a nursing or midwifery role, an area of professional practice, or a patient/client group.

Competency Framework

A complete collection of competencies and their behavioural indicators that are central to, and set the standards of effective performance for a particular client group.

Symbol Ledgend

Note: a) Please note that organisational policies regarding patient confidentially and data protection for patient notes should be adhered to.

b) The 'templates', 'case studies', 'sample sheets' and 'examples' provided throughout the toolkit are intended as a guide only. They are not intended as a template for nursing and midwifery care.

Foreword

The Irish health service is driven by policy direction aiming to provide more services within primary, community and continuing care. A programmatic approach to change is being taken by the Health Service Executive with an initial focus on chronic disease. The current healthcare environment within which nurses and midwives now work has intensified working processes and increased patient complexity. Patient populations are ageing, those with chronic diseases are living longer, hospital stays are shorter with increased use of technology and invasive treatments, patients present with co-morbidities and multiple pathologies, patient turnover and subsequent admissions and discharges are increased and care in the community is expanding. Patient safety and risk controls necessitate on-going clinical audit, utilization of evidence-based practice, adherence to clinical guidelines, introduction of care pathways and peer review. This means that processes for determining and attaining competencies for nurses and midwives building on identified core clinical competencies are required with due regard to scope of practice and service need. Initiatives such as service needs analysis, the maintenance of portfolios, engagement in clinical supervision and clinical audit and other continuing professional development processes provide support for clinical competency determination and attainment.

To this end the National Council commissioned the School of Nursing and Midwifery, Trinity College Dublin, through an open tender process to develop and test a toolkit to assist service managers, nurse and midwife managers and nurses and midwives in clinical competency determination and competency development planning. The research team worked in partnership with a clinical team and a National Council steering committee to develop the toolkit.

The toolkit that is presented here was informed by an extensive literature review, examination of the grey literature and by piloting the toolkit. The toolkit includes information on: competence determination for service need, identifying and writing clinical competencies for practice, competency development planning and assessment and competency frameworks in Nursing and Midwifery.

I would like to thank the team from the School of Nursing and Midwifery, Trinity College Dublin, led by Prof. Agnes Higgins and their clinical colleagues (see Appendix 1 for full list of authors) and Kathleen Mac Lellan, Head of Professional Development and Jenny Hogan, Professional Development Officer who have worked extremely hard to produce this valuable document. It is important to note that this toolkit is not intended to form any mandatory update for registration.

This toolkit is published in tandem with a full report titled: *The Development and Evaluation of a toolkit to Support Nurse and Midwife Clinical Competency Determination and Competency Development Planning.* This is available to download from our website: www.ncnm.ie. The report details the process involved in developing the toolkit and I would advise anyone who wants to learn more about competency development planning and the methodology used in developing the toolkit to read it.

Yvonne O'Shea
Chief Executive Officer

Introduction and Overview
How to use the toolkit

Introduction

The National Council for the Professional Development of Nursing and Midwifery in Ireland commissioned through open tender the development of this toolkit to assist service managers, nurse and midwife managers and nurses and midwives in the determination of clinical competencies within a structured competency development plan. A team based in the School of Nursing and Midwifery, Trinity College Dublin developed the toolkit in association with relevant stakeholders at selected clinical sites and with international collaborators. A full list of the project team and services involved is included in Appendix 1. In addition, a number of services contributed by sharing examples of competence documentation used in their service and by utilising the toolkit and providing feedback on a draft toolkit during a pilot study. See Appendix 2 for a list of services who contributed. *The Development and Evaluation of a toolkit to Support Nurse and Midwife Clinical Competency Determination and Competency Development Planning* report of the literature and the process undertaken to develop and test the toolkit is available from the National Council for the Professional Development of Nursing and Midwifery.

Purpose of the toolkit

This toolkit builds on nurses' and midwives' experience of competency development planning. The toolkit provides a systematic approach to determining and developing competencies to meet service and patient/client needs. It provides nurses and midwives with a step by step resource to enhance consistency in competence determination and development across and between specialities and organisations. Emphasis is on competency determination at three levels (Fig 1.). This toolkit is not intended to form part of any mandatory updates for registration.

FIGURE 1: Levels of competency determination

Competence

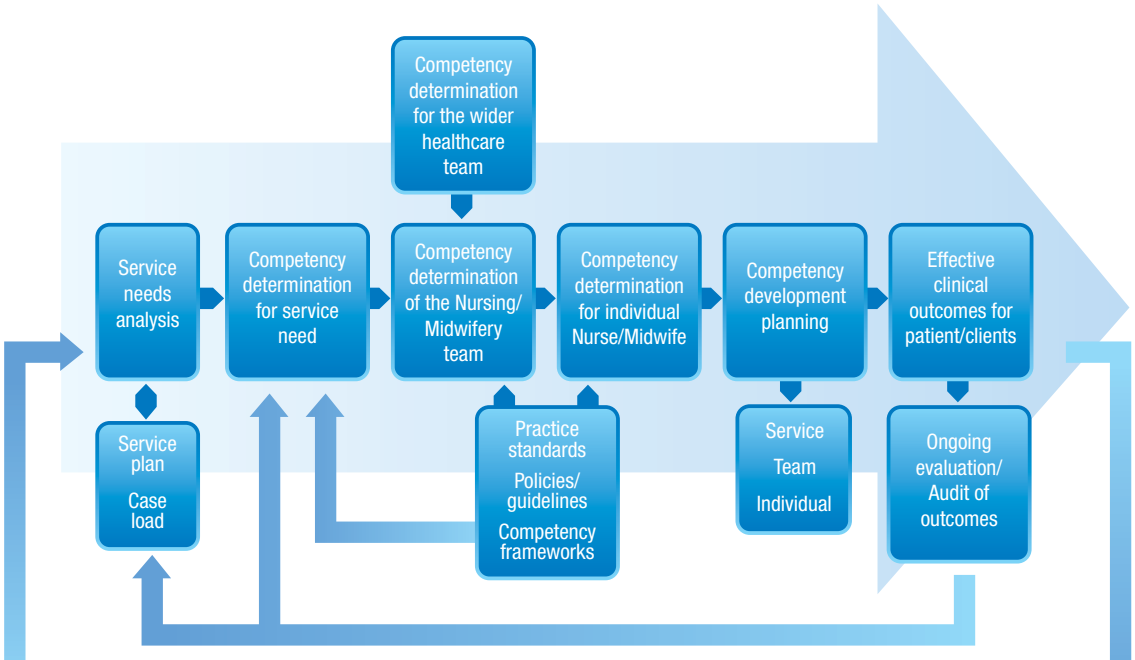
Effective clinical outcomes are influenced by the competence levels of practitioners.

Patients and clients have complex, increasing healthcare needs. Technological and pharmacological advances, changing demographics, and increased international mobility mean that the nature of illness and disease, and consequently the modes of care delivery and management are changing. There is greater emphasis on patient safety, and the general public's knowledge about, and expectations of, a quality health care service are rising. Consequently, competency determination and development is necessary to ensure good quality care delivery, improved patient/client journey and ultimately improved patient/client outcomes. Figure 2 provides an overview of the competency determination and development process required to meet effective clinical outcomes for patients/ clients

in light of the changing health care context.

Competency determination and development presents a challenge in a time-pressured environment, but their achievement has beneficial effects. The service or team that is striving towards identifying their required competencies and planning to meet those requirements will ultimately be more focused, and thus more efficient and effective in meeting service needs. Being able to plan workforce requirements and competency development programmes according to competencies required for the service, will not only lead to improvement in service outcomes, but it will mean the reduction of repetition of skill base in some areas, and expansion of skill base for underdeveloped areas, thus improving workload delivery and management.

FIGURE 2: Competency determination and development process to meet effective clinical outcomes and service needs



Changing Context of health care

- Changing healthcare policy.
- Changes in the health needs and expectations of patients/service users.
- Reconfiguration of services.
- Regulatory changes.
- Changes in local policies or procedures.
- Introduction of new health care practices and technologies.
- Emphasis on patient/client safety.
- Changing modes of healthcare delivery.
- Introduction of HSE Care Programmes.
- HIQA standards.
- Patient Safety First.

Changing landscape of nurse or midwife practice

- Responding to changing needs of a particular group of patients/clients (e.g. change in cultural mix).
- Development of new or expanded roles.
- Development of nurse/midwife led care.
- Developments in nursing/midwifery research and practice.
- Emphasis on quality assurance and audit.

Changing dynamic of the nursing or midwifery

- Changing locations of care delivery.
- Changes in the skill mix of the nursing/midwifery team.
- Changes in the diversity of staff (bank, agency).
- Challenges in recruitment of staff with required competencies.
- Changes in flexibility of working time (part time).
- Clinical career pathway.

Content of toolkit

The toolkit contains information on how to:

- identify and determine nursing and midwifery competencies based on service needs.
- profile the competencies of staff within the service.
- write competencies and behavioural indicators for practice.
- link competencies to competence frameworks.
- develop and implement competence development plans at service, team and individual level.
- complete an assessment of competencies.

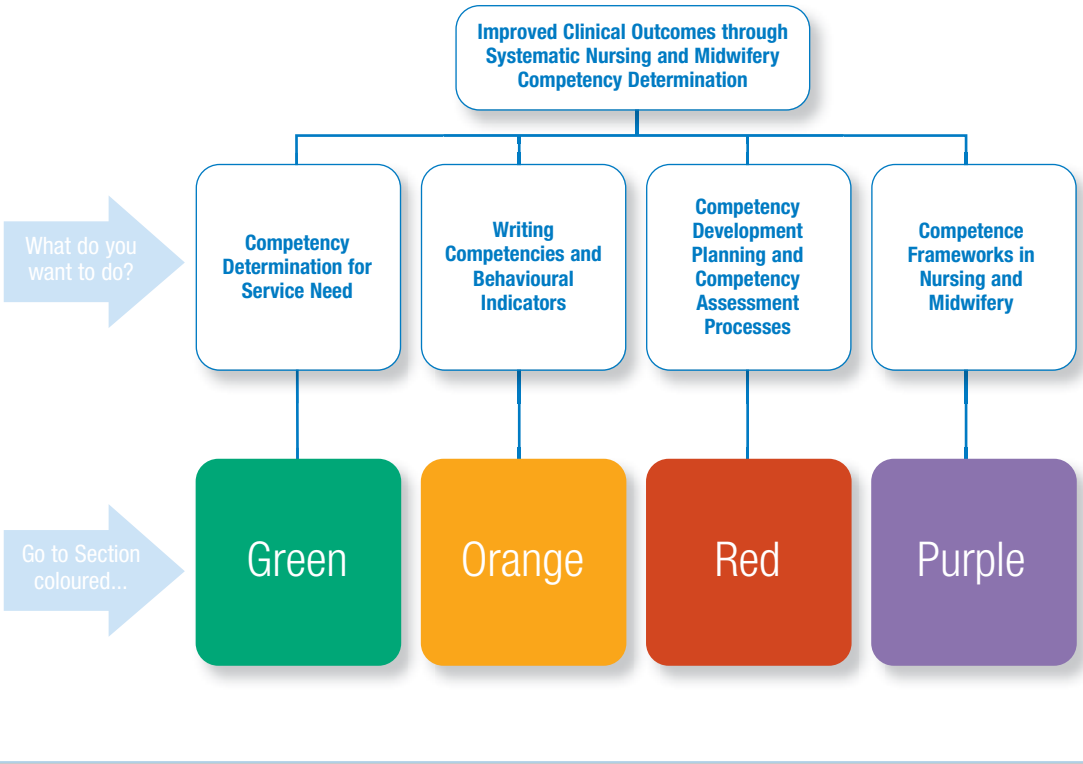
How do I use this toolkit?

The toolkit is divided into a number of colour-coded sections and Figure 3 will help you to identify the section of the toolkit that is most relevant to your current needs. Read the statements in Figure 3 and decide which section you wish to complete.

Throughout the toolkit, to assist with explanations, case examples of competencies and processes used to determine and assess competencies are provided. A number of templates are included at the back of the relevant sections to assist you in your own work on determining competencies for a service, team or individual. These templates are intended as guidelines and should be modified to suit your specific needs.

The case study on the following page uses the competency determination and development process described in Figure 2 to plan the development of a new service. Try reading this and thinking about how the toolkit may also help you or your team meet service needs.

FIGURE 3: Navigate your way around the toolkit



CASE STUDY – How the service benefited from using the toolkit

Susan is an ADoN in an intellectual disability service. She has been asked by the DoN to develop a nurse-led dementia service for clients with an intellectual disability. A number of staff currently working in residential services have expressed a wish to transfer to this service when the posts are advertised internally. How could this toolkit assist Susan and the DoN?

- Susan, with guidance from the DoN, and using the guidelines in the **green** section of the toolkit, completed a service needs analysis. This involved documenting the current and future needs of the new service, the nursing competency requirements, and whether or not the present team members had all the competencies required to meet the needs of the service. From this they were able to decide what needed to change and what solutions were available to them.
- The DoN and Susan, having read the **purple** section, agreed on a suitable competency framework to guide future developments.
- The next step was to determine and write competencies and behavioural indicators for the service, which Susan did in conjunction with other team members, using information from the **green** and **orange** sections. In the process, she was able to identify the competencies that were missing from her partly-formed team.
- Susan used this information to write the advertisement to be used internally to select new staff to complement the skills of the existing team members. Staff who applied to transfer into the new service were assisted to develop competence profiles, which informed the selection process.
- Each team member was assisted to produce their own competency development plan (CDP), using the **orange** and **red** section of the toolkit, which fed into the CDP for the team and the service. Work on practice standards and guidelines also commenced, as an on-going team project.
- The team agreed on a process of on-going audit and evaluation.

After 3 months, one team member, Katy, was not achieving the desired level of performance, as demonstrated by assessing the competencies. Katy was 2 years qualified. When she commenced working in the new unit, an orientation programme had been agreed and Jan (a preceptor) had been allocated to give her guidance on achieving her goals. From the outset, Katy had specific knowledge of the various skills she needed to develop and how her competency would be assessed. She also knew how to complete a self-assessment of her own competency and thus sought help as soon as she realised that her competencies were not meeting the required level.

She met with the CNM and preceptor; they discussed areas of her practice that needed improvement, and developed a more focused CDP with her. Over time, with the focused CDP plan, and experience in the department, Katy's confidence grew and her competence developed. The toolkit had helped her to seek assistance at an early stage in her career in the new unit and with guidance, she achieved her goals.

Competency Determination
for Service Need

Introduction

Due to the constantly changing health care environment, achieving the right mix of staff with the right competencies to meet service need is an ongoing challenge. Competencies are about capabilities: they are the behaviours that effective individuals demonstrate when undertaking specific clinical roles within the organisational context (Whiddett & Hollyford 2003), and include knowledge, skills, attitudes, values and judgmental ability. For example 'practises in accordance with legislation affecting nursing practice' (ABA 2005a) is an example of a competency.

To ensure that the nursing or midwifery team have the required competencies to meet current and future needs a systematic assessment of the competencies required, competencies available and a dynamic competence development planning approach is essential.

The purpose of this section is to provide information on how to determine and develop the competencies of the nursing and midwifery team to ensure that current and anticipated future service needs are met.

Why might the competency of a Nursing or Midwifery team need to be reviewed

- **Changes in the health needs**

  Amy is a CMM working in a busy prenatal clinic. She has noticed a significant shift in the profile of the women attending the service. The women are coming from diverse multi-cultural backgrounds with some health issues that the team may not have encountered. She is unsure if the team have the necessary competencies to meet the changing needs.

- **Changes in the profile of the nursing/midwifery team**

  Sophie is a DoN working in a hospice. Due to experienced staff moving to work in the community services the staff in the inpatient nursing team are largely junior, with 2-3 years post registration experience. They are also relying on the employment of staff from the local nursing agency.

- **Developing a new service**

  Udoka is an ADoN in the mental health services. She has been asked to work with the Assistant Director of Public Health Nursing to develop a nurse-led service in the community for women experiencing perinatal mental health issues.

- **Changes in nursing practice**

  Paradeep is a CNM in the children's oncology services and there have been very significant changes made to the chemotherapy anti-emetic policy. This will require significant changes in the team's nursing practice and the education of family members who are involved in the care of children receiving chemotherapy.

- **Developments in interventions or advances in technology**

  John is a CNM on a general surgical ward and he has agreed to pilot the use of a new administration pump for the delivery of epidural medication. This will require the

team to review their practice and policy on medication management.

These are just a few examples of reasons why the competencies of a nursing or midwifery team to meet service need may to be reviewed.

Prior to reading the next section consider the questions in Figure 1 in relation to your service.

There is considerable scope to harness the potential of nurses and midwives to support the whole health care team in ensuring the highest quality of care (NCNM 2009a). Determining and developing nursing and midwifery competencies to meet service needs is an essential part of this process. Figure 2 identifies a six step approach to the successful determination and development of competencies. A case study outlining the process is included at the end of this section.

FIGURE 1: Questions to consider about competency determination and development

- What are the current and future needs of the service/organisation?
- What are the nursing or midwifery competency requirements for this service?
  - May need to consider the wider healthcare team competencies.
- What is the profile of the nursing or midwifery team?
  - Are the team members meeting the needs of the service?
  - Do they have all the competencies required to meet current service needs?
  - Do they have all the competencies required to meet projected future needs?
- What are the priorities for competency development?
- What creative and innovative solutions are available for competency development?

FIGURE 2: Nursing and midwifery team competency determination and development process to meet service need

STEP 1: Identify the needs of the service

Profiling the needs of the service is an essential first step in identifying current service needs and making projected decisions about possible future needs. This type of horizon scanning is a key element of an innovative and reflexive service. A systematic approach to profiling the needs of the service requires consideration of the characteristics of the service, patient/client group and workforce. During the profiling analysis consider the following questions:

Service profile

- What are the current local, national and international policies that are influencing and shaping the development of your service?
- What is the location of the service i.e. rural/urban, proximity to other essential services, and proximity to patients/ clients?
- What type of service is offered i.e. day services, specialist services?
- Identify anticipated clinical outcomes based on clinical standards and best international evidence for practice.

Patient/client group profile

- What are the demographics, socio-economic status, mortality/morbidity rates, and health-related behaviours of the patients/clients who access the service?
- Are there any indicators for emerging health trends that can be established? Is the population changing? If so, in what way?
- Are there emerging healthcare issues that the nursing or midwifery team may need to prepare for?

Workforce profile

- What is the current profile of the staff working in the service i.e. number of staff, age profile, educational level, range of grades and disciplines?
- What is the current ratio of permanent, part-time, agency/bank staff?
- Are there vacancies in the existing team and are there challenges in recruitment?

Once the profiling exercise is complete it will be possible to identify the current and future service needs and prioritise them into short, medium and long-term/future anticipated service needs.

TEMPLATE: There are a number of templates to assist you to document the outcomes of this step at the end of this section.

Useful resources on service needs analysis

- Service Needs Analysis: Informing Business and Service Plans (NCNM 2009a).
- Measurement of Nursing and Midwifery Interventions: Guidance Resource Pack (NCNM 2006a).
- Clinical Outcomes: Promoting patient safety and quality of care (NCNM 2010).
- National Service Plan (www.hse.ie).
- HIQA Standards (www.hiqa/ie).
- Patient Safety First (patientsafetyfirst.gov.ie).

STEP 2: Identify the Nursing or Midwifery competencies required to meet service need

To analyse and identify the nursing or midwifery competencies required to meet the service need, consider the following questions.

- What are the core nursing or midwifery competencies required to deliver effective care now and in the near future? It may be useful to consider the wider healthcare team competencies.
- What are the specific nursing or midwifery competencies required to deliver effective care now and in the future?
- Are there other clinical competencies that the nursing or midwifery team will need now and into the future (e.g. physical assessment,

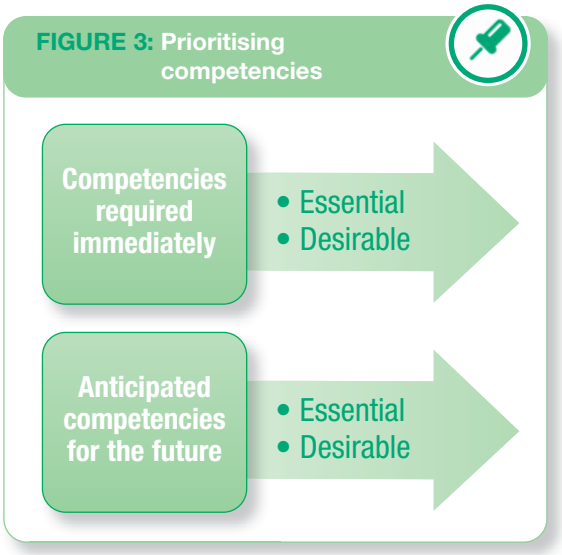
prescribing, family skills, information technology, research and audit etc.)?

- Do all or some of the nurses or midwives in the team need to possess all the competencies identified?
- Are there specialist nursing or midwifery competencies that would require clinical nurse or midwife specialist or advanced nurse or midwife practitioner roles within the service?
- Does the team have the necessary leadership and management competencies to be responsive to change?
- Does the team have the necessary education, mentorship or clinical supervision competencies to support the development of the current team and its future members?
- Do the required competencies identified take into account the future needs of the service?

There may be a wide variety of competencies required both now and in the future to meet service need. Therefore it may be necessary to prioritise the competencies using the following:

Resources such as finance, time and skill mix must be considered in order to develop realistic targets.

FIGURE 3: Prioritising competencies



TEMPLATE: A useful template for recording priorities is included at the end of this section.

STEP 3: Identify the competency profile of the current Nursing or Midwifery team

Having identified the competencies necessary for the service, the next step is to identify the competencies currently available within the nursing or midwifery team.

There are a number of aspects to take into account when assessing the team's competency profile, so consider the following questions:

- Who makes up the nursing or midwifery team?
- What are the characteristics of the team, e.g. numbers, qualifications and experience?
- What are the skills, knowledge and abilities of each team member?
- What core, specialist and other competencies does the team have?
- Availability of external expertise/ consultancy (e.g. ANP/AMP, CNS/CMS) to the team?

Once this information is gathered it is possible to document a detailed profile of the competencies the team possess.

TEMPLATE: Useful templates to assist in recording the competencies of the team are included at the end of this section.

STEP 4: Identify the gaps between competencies available and competencies required

Once the competencies required for the service and the competencies available within the team have been identified it will be possible to identify the gaps and set goals and learning outcomes for competency development. Matching the knowledge, abilities and skills of the team with the needs of the service and patient/client group is essential to mitigate real or potential risk factors and prevent avoidable complications and injuries (Alberta Health Services in

Canada, 2009). A clinically competent team will deliver better clinical outcomes.

This step will also help to identify competencies within the team that are being underutilised and could be harnessed for the benefit of patients/ clients and the whole health care team.

In setting priorities for competency development activities at service level it may be helpful to consider:

- What competencies and levels are required by ***all*** members of the team?
- What competencies and levels are required by ***specific*** members of the team only?

TEMPLATE: Useful templates to assist in recording these tasks are included at the end of this section.

STEP 5: Develop an action plan for competency development

Developing and implementing any action plans for competency development will require the identification of clear learning outcomes, based on the gaps identified.

The competency development plan needs to include goals (short, medium, long term), and identify the resources required to implement CPD.

When planning any competency development activities a nurse or midwife manager needs to consider the points included in Table 1. Table 2 gives further examples of competency development activities and resources that are focused on competency development planning for the individual practitioner.

One aspect of competency development planning may be the development of existing staff to take on expanded roles and higher levels of decision making. A number of papers have been published by the National Council for the Professional Development of Nursing and Midwifery, which provide useful information to assist in determining whether or not enhanced nursing or midwifery roles, including ANP/AMP and CNS/CMS, may be required, and these may be useful to refer to:

Useful resources

- Framework for the Establishment of Advanced Nurse/Midwife Practitioner Posts (NCNM 2008a).
- Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts (NCNM 2008b).
- Enhanced Midwifery Practice (NCNM 2008c).
- Clinical Nurse Specialist and Advanced Nurse Practitioner Roles for Nurses working in Older Persons Nursing (NCNM 2007).
- Enhanced Nursing Practice in Emergency Departments (NCNM 2008d).
- Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability Nursing (NCNM 2006b).

TEMPLATE: A template to assist recording the competency development plan is included at the end of the section.

TABLE 1: Competency development activities to meet service needs - points to consider

CPD

- Are the competency developmental activities clearly related to the needs of the service?
- Are the aims and learning outcomes clearly identified and achievable?
- Do the learning outcomes address all the knowledge, skill and attitudinal requirements required?
- Is there a clear strategy for evaluation of the competency development plan?
- Are some development activities mandatory and others optional?
- What ongoing development is needed to sustain and reinforce the competency development outcomes?
- Does the development plan include a wide range of activities that are both practice and classroom focused?

Management

- Are there any policies or structures that need to be in place to support the competency development plan?
- Are the lines of accountability, responsibility and authority relating to competency development activities clear?
- What strategies are needed to communicate the plan to all people concerned?
- What incentives may be introduced to encourage practitioners to undertake competency development activities?
- Can I recruit to the team to address a specific knowledge and skills deficit within the team?
- How do I motivate people to continue working to develop their potential?

Resources

- Are there people within the existing team that have the competencies and can contribute to the competency development plan?
- Are there experienced people in education and management who can provide additional expertise in competency development?
- What personnel are available within the Nursing Practice Development Unit, Centre for Nurse/Midwife Education or the Local Higher Education Institution that may assist?
- Are there existing competency development programmes/activities within or outside the service that can be utilised e.g. HSEland, master classes, clinical supervision, induction programmes?
- Who needs to be involved to ensure the resources needed are available, such as funding, venues, equipment?
- How much time will be required for competency development activities?
- Is there an opportunity to work with other services or units to minimise resources required?

TABLE 2: Competency development activities and useful resources

Within the unit/ward

- Organise mentoring, preceptorship or coaching by experienced staff member.
- Organise a period of observation with an expert in the area.
- Read local policy and protocols.
- Attend a journal club.
- Read literature and make presentation to ward staff.
- Undertake some reflective writing for inclusion in portfolio.

Within the service/hospital

- Participate in clinical supervision.
- Practise skills (clinical or interpersonal) in the skills laboratory.
- Undertake a short course/training in centre for Nurse/Midwife Education.
- Watch video on relevant area of practice.
- Participate in a committee involved in developing this aspect of practice.
- Contribute to an audit or research project in the area.

Outside the service

- Undertake a third level accredited course or module.
- Attend a conference, workshop or seminar.
- Organise a short visit or secondment to another service.
- Submit an article/poster for publication or presentation.

Useful resources to support competency development planning

- Guidelines for Portfolio Development for Nurses and Midwives, 3rd edition (NCNM 2009b).
- Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts (NCNM 2008b).
- Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts, 4th edition (NCNM 2008a).
- Clinical Supervision: A Structured Approach to Best Practice (NCNM 2008e).
- www.hseland.ie.

Note: The **red** section discusses competency development planning for the individual practitioner, and it may be helpful to refer to this section.

STEP 6: Evaluate the competency development plan

All competency development plans should be evaluated carefully against agreed objectives and time frames. A review should consist of evaluating both the process and outcomes and should be conducted on a regular basis. When goals have not been met, an exploration of the reasons needs to be completed and a future plan developed.

A case study is provided at the end of this section.

Principals of competency determination and development to meet service needs: key to success

Determining and developing competencies to meet service need, particularly in a fast-changing and complex healthcare environment is a challenging task and is part of a process of change management. In all change management activities it is important that relevant stakeholders are involved from the outset. Involving key stakeholders will help create ownership and reduce any anxieties that people may have about competency determination and development. Some competency development plans may have associated resource implications. Therefore, if the competency development work of the team is to have the desired impact then the support of senior managers is a fundamental requirement. Key stakeholders may vary from service to service and will include members of management, the clinical team, educators and members of the multidisciplinary team.

The key to successful competency determination and development at service level is summarised in Table 3.

RESOURCE: Other information regarding good change management techniques can be found at www.hseland.ie

TABLE 3: Tips for competency determination

- Relevant stakeholders are identified and included from the beginning.
- Support from senior management is in place.
- Communication processes are clear.
- Team involvement and commitment is harnessed.
- Adequate resources are agreed.
- Roles of individuals are clarified.
- Priorities are set for competency development based on service need.
- Aims and objectives for competency development are clear and achieveble.
- Evaluation and review dates are built in.
- Action plans are developed if targets are not met.

Case study – Manager

Sarah is a midwifery manager who has been appointed to a medium-sized maternity unit for the specific purpose of introducing and developing a midwifery-led unit (MLU). She trained in the UK ten years ago and has four years' experience of working in a birthing centre there. On appointment, the Director of Midwifery discussed with Sarah the way in which midwifery-led services might be introduced and together they drew up a list of competencies that team members would require. To assist her in planning, Sarah convened a group consisting of two staff midwives, a midwife manager from the labour ward, a woman who had experienced both home and hospital births, and a student midwife.

Identifying the needs of the service

Sarah and her group identified the following:

- The current local, national and international policies that were thought likely to influence and shape the development of their new service [the KPMG report (KPMG 2008), the Cochrane review of midwifery-led care (Hatem et al 2008) and the report of the "MidU" study in HSE- Dublin North-East (Begley et al 2009).
- The location of the service, which was mixed rural and urban, with good proximity to a regional hospital and the main maternity unit, and reasonable proximity to most service users. The needs of women in the more isolated areas were discussed.
- The type of service offered was 24-hour specialist midwifery services, with full access to care at all times.

Needs of the women

Sarah and her group identified:

- The demographic profile, socio-economic status, perinatal mortality and morbidity rates, and health-related behaviours of the women who usually accessed maternity services in the area.
- In the process, they found that annual records of intervention in labour, and maternal and perinatal morbidity rates, in particular, were poorly kept, an issue that needed to be addressed in their planning.
- They also noted that the population was changing, due to increased numbers of women coming to live in the area from other countries. The midwives noted the need to become more aware of tropical diseases as a result.

Nature of the midwifery team required

Sarah and her group identified:

- The number of midwives required to staff the new MLU, based on numbers involved in the establishment of the first MLUs in Drogheda and Cavan (Begley et al 2009).

Identifying the competencies required for the midwifery led unit

- Core competencies were identified based on the ABA Practice Standards for Midwives (ABA 2010).
- It was noted that, due to the change in context, midwives would require development and support in independent decision-making.
- Specialist competencies were identified as: caring for women birthing in water, promoting normality (e.g. giving non-interventionist care, using expectant management of the third stage of labour), medication prescribing, and suturing the perineum.
- Priority was given to the first two competencies.

Continued overleaf

Case study – Manager (continued)

Identifying the competency profile of the midwifery team

- Sarah was able to recruit her new team by advertising internationally and interviewing both internal and external candidates to achieve the optimum profile.
- She used a process of competency identification and assessment, working with her support group to list the characteristics and competencies required to make a rounded team.
- These competencies were then used to construct an interview schedule.
- As team members were appointed, Sarah was able to document with them the competencies that they had, and that they were required to obtain.

Identifying gaps in competencies

Sarah documented

- What competencies and levels she felt were required by all members of the team prior to appointment (e.g. philosophy of women-centred, non-interventionist care, ability to make independent decisions, competent in all areas of midwifery).
- What competencies and levels she felt were required by specific members of the team only (e.g. the MLU leader needed to be expert in all areas of care, three members of the team required competency in water births, to guide and teach the others, three members of the team required competencies in perineal suturing to guide and teach the others, etc.).
- In conjunction with her team, Sarah devised a competency development action plan (below), which included a number of activities to be undertaken over a period of 8 weeks. The nature of the development activities also provided Sarah, her team and her Director of Midwifery with evidence from a variety of sources that would assist them in evaluating the success or otherwise of the action plan.

Sample sheet

Case study - action plan for team competency development (short term)

Competency development goals	Date	Action	By Whom	By When	Resources required	Review	
						Goals accomplished	Goals not yet accomplished
Short term	1st April	Reading core literature available on the unit and on the international Confederation of Midwives' website on non-interventionist care	All team members	1st May	Literature, access to internet		
	1st April	Accompanying Sarah or two other colleagues identified as more experienced at, and more comfortable with, using non-interventionist care and observing them using different techniques	Five of the staff (identified)	1st April to 1st June	Labour aids		
	1st April	Group discussion and pooling of experiences and ideas at daily hand-over time	All team members	1st April to 1st June	15 mins protected time		
	1st April	Keeping a personal record of all interventions used during care-giving, with an evidence-based rationale included	All team members	1st April to 1st June	Diary/note-books		
	1st April	Attending an in-service day organised by the Centre for Midwifery Education	Seven of the staff (identified)	1st June	CME staff time		
	1st April	Asking women to provide them with feedback on their experiences of non-interventionist care	All team members	1st April to 1st June	20 mins with each woman		
	1st April	Team Leader to commence MSc in Midwifery	Team leader	Start 1st Oct	1 study day per week plus fees		

Microsoft Word version available on CD

Sample sheet

Profiling the service

Name of service:_____ Date:_____

When profiling your service consider the following:

Profile of the service: *(e.g. policies shaping service, location and type of service etc.)*

Profile of the patient/client group: *(e.g. socio-economic status, changing health profile, age profile, emerging health needs etc.)*

Profile of the workforce: *(e.g. number of staff, age profile, skill mix, discipline, grade, vacancies etc.)*

Other relevant information:


Microsoft Word version available on CD

Sample sheet

Service user needs

Name of Unit/service:_____ Date:_____

Identify the needs of the patient/client group

Short term needs of patients/clients:

Medium term needs of patients/clients:

Long term/anticipated future needs of patients/clients:

Microsoft Word version available on CD

Sample sheet

Nursing or Midwifery competencies required for the service

Name of service:_____ Date:_____

Identify relevant competencies required to meet service need based on the needs identified

- Core clinical competencies required by all nurses/midwives:

- Specific clinical competencies required by some nurses/midwives:

- Specialist clinical competencies required by CNS/CMS/ANP/AMP:

- Other competencies required: (eg management, leadership, research/audit, teaching/perceptorship, clinical supervision)

Microsoft Word version available on CD

Sample sheet

Priority Nursing or Midwifery competencies required for the service

Name of service:_____ Date:_____

Identify the priority nursing or midwifery competencies required for the service

	Current requirements		Anticipated future	
No.	Essential	Desirable	Essential	Desirable

Microsoft Word version available on CD

Sample sheet

Profile of the current nursing or midwifery team

Consider the profile of your team under the following headings:						Date:	Unit name:
Staff Member	Grade	Qualifications	Core competencies	Specific competencies	Specialist competencies	Other competencies
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

Microsoft Word version available on CD

Sample sheet

Competencies of the nursing and midwifery team - identifying the gaps

Name of service:_____ Date:_____

Using the list of competencies prioritised and the profile of the team competencies available, identify the gaps and needs within the service. Abbreviation: H = Have; X= Don't have

Current competencies required	Staff No 1 Name	Staff No 2 Name	Staff No 3 Name	Staff No 4 Name	Staff No 5 Name	Staff No 6 Name	Staff No 7 Name	Staff No 8 Name
Anticipated competencies required	Staff No 1 Name	Staff No 2 Name	Staff No 3 Name	Staff No 4 Name	Staff No 5 Name	Staff No 6 Name	Staff No 7 Name	Staff No 8 Name

Microsoft Word version available on CD

Sample sheet

Competency development action plan

Name of Service:							
Competency development goals	Actions to be undertaken	By Whom	By When	Resources required	Review		
					Goals accomplished	Goals not yet accomplished	
Short term goal							
Medium tern goal							
Long term/future goal							

Microsoft Word version available on CD

Writing Competencies
and Behavioural Indicators

Introduction

The identification and writing of competencies for practice does not occur in isolation from the wider needs of service, team and individual practitioner. The identification of competencies should take account of the overall service plan for the organisation, division, ward or unit and the current and anticipated needs of patients/clients who attend the service. See the **green** section for more details. In addition to the service plan, the identification of competencies needs to occur within the context of best available evidence on the care and treatment of patients/clients, clinical outcomes and ongoing clinical audit.

FIGURE 1: Context of competency identification

This section provides an overview of writing competencies and behavioural indicators. Competency assessment processes are outlined. Six completed competency statements, behavioural indicators, evidence to support competency attainment and competence rating scales are provided in this section.

What is a competency statement and a behavioural indicator?

Competency statement

A competency describes what is observed when a nurse or midwife combines knowledge, skills, attitudes and judgement to perform role-relevant tasks. A competency is often written as a short descriptive statement called a competency statement, which outlines the underlying principles for the task or role to be undertaken. Figure 2 provides an example of a competency statement.

FIGURE 2: Example of a competency statement

Plans and manages effectively the pre-operative care of a patient going for gastrointestinal surgery

Behavioural Indicators

Behavioural indicators are the detailed and working part of an individual competency. They are statements of the behaviour that would be observed when effective performance of the competency is demonstrated. Behavioural indicators need to be explicit and clearly indicate the knowledge, skills, attitudes and professional judgement required of the nurse or midwife to achieve effectively the competency identified and should be based on standards for current best practice. Figure 3 provides a short example of some of the behavioural indicators that may

be observed for effective performance of the competency listed.

FIGURE 3: Example of behavioural indicators

Competency: Plans and manages effectively the pre-operative care of a patient going for gastrointestinal surgery

- Plans, implements and evaluates pre-operative care in conjunction with the multi disciplinary team.
- Implements care according to local guidelines on gastrointestinal surgery.
- Identifies and manages preoperative risks effectively and completes preoperative checklist.
- Applies the principles of effective communication and education when providing the patient, family member or carer with information about the pre-operative experience.
- Administers prescribed pre-operative medications including bowel preparations in accordance with hospital policy.
- Communicates accurate and relevant information to the multidisciplinary team.
- Maintains accurate and comprehensive nursing records of the care given.

As a Nurse or Midwife, why might you want to write competencies and behavioural indicators?

There are a number of reasons why a nurse or midwife might want to write competencies and behavioural indicators. Before proceeding you should read the reasons and examples from practice and consider how this section of the toolkit might assist you in writing competencies.

1 To identify the knowledge and skills required by nurses or midwives within a particular role or service

Emily is a CNS working in mental health with people who are engaging in substance misuse. As part of the service development plan she would like to identify the nursing competencies that are required to provide effective care to this patient/client group and which reflect her specialist level of practice.

2 To reflect a changing mode of care delivery

Michael is an ADoN in a general hospital. The ED department in the hospital is no longer accepting acute trauma, and the emphasis has now changed to walk-in patients. Michael would like to determine competencies for staff to reflect this changing mode in the delivery of care in ED.

3 To provide a framework for staff to self-assess their competency

Olamide is CNM in an Intellectual Disability Service in the community. Her team are introducing a performance development plan and they would like to identify and write the nursing competencies for this service, which can assist them to self-assess their own competency and develop education plans as appropriate.

4 To assist in the recruitment or induction of staff

Lauren is a CMM on a postnatal ward and wishes to identify and document the competencies required for that unit to provide a basis for the education of staff and the recruitment and induction of new midwifery team members.

5 To assist with own competency development

Orla is a Public Health Nurse working with the traveller population. Planning for the introduction of Cystic Fibrosis Metabolic Screening is currently in progress. As this and other inherited metabolic conditions are most commonly found amongst traveller families, the protocol for the management of

these metabolic screening conditions will change. As this change is imminent Orla needs to identify the competencies and behavioural indicators that will guide her self assessment development plan.

Identifying and writing competencies for practice

The process for identifying and writing competencies involves the following three steps.

FIGURE 4: Process for identifying and writing competencies and behavioural indicators

Step 1: Getting the right people involved

Identifying and getting commitment from the right people is key to the success of any competency identification process. In deciding who, when and how to involve people consider the following questions:

- What clinical expertise is required to identify the competencies and behavioural indicators for the service/team?
- Is the expertise within the service/team or do I need to consult with external people?
- What level of support is required from management or members of the multi-disciplinary team to integrate the competencies into practice?
- What resources are required to develop the competencies and support any subsequent competence development activities?
- How do I enlist the commitment of the people who will be using the competencies?

REMEMBER: Not everyone will need to be involved in the whole process, and some people may only need to be informed of what is happening. A case study and a template is provided at the end of this section to assist you in documenting this step.

Step 2: Collecting the relevant information on current best practice

Collecting the relevant information on current best practice is critical and can often be the most time consuming element in the process. Identifying and documenting relevant competencies and behavioural indicators involves an examination of the knowledge, skills and judgements required by nurses and midwives to perform their various roles. To do this, information or evidence will need to be gathered about the current best practice that is required to perform the role or task. To assist with the identification of current best evidence key people and documents should be consulted (Table 1 on next page). This should include clinical standards. Data can be obtained in a number of ways such as:

- Observation of a selection of staff who are engaged in the practice for which the competencies are being developed. It is not advisable only to analyse the behaviours of expert practitioners, it is important to include a wide spread sample of nurse or midwifery practitioners to identify competencies across all levels.
- Structured one-to-one interviews or group discussion with the key stakeholders.
- Questionnaires to nurses and midwives, patients/clients and family members.

TABLE 1: Sources to assist with identifying current best practice

People

- CNS/CMS and ANP/ANP.
- Nursing and midwifery experts.
- Nurses and midwives who will be the users of the competencies.
- Other professional experts working within the area.
- Professional Nursing and Midwifery organisations.
- Other organisations involved in the topic area, e.g. Motor Neurone Disease association.
- Patient client advocacy groups.
- Individual patients/clients and family members.

Documents

- International guidelines e.g. NICE.
- National clinical guidelines.
- Systematic reviews e.g. Cochrane database.
- Other published research.
- Local clinical guidelines or practice standards.
- Guidelines and competency documents published by An Bord Altranais.
- Competency documents published elsewhere.
- HIQA Standards.
- Patient Safety First.

Whiddett and Hollyforde (2003) advise using a combination of methods to obtain information about relevant competencies and behavioural indicators. For example, observing practice may be useful for observable psychomotor or manual skills but will not allow analysis of mental activities, such as reasoning or thinking. To access this information, group sessions or interviews may be more appropriate.

Step 3: Writing the competencies and behavioural indicators

Competencies should be written in a way that facilitates ease of understanding and use. If those using competencies find them difficult or frustrating to understand, they may be ignored. Well-written competencies take note of the principles outlined in Table 2a.

Behavioural indicators must describe behaviour that is observable when effective performance of the competency is demonstrated. Behavioural indicators need to be explicit and clearly indicate the knowledge, skills, attitudes and professional judgement required of the nurse or midwife. For example: 'thinking logically' is not observable but 'organising nursing tasks logically' is. Similarly, 'knowing the side effects of medication' is not observable but 'teaching a patient/client the side effect of medication' is. Table 2b provides

TABLE 2a: Well written competencies:

- Are short descriptive statements that outline the principle of a task or role to be performed.
- Are discrete in their description and do not overlap with other competencies.
- Reflect An Bord Altranais's definition of competence as outlined in the glossary of terms at the beginning of the toolkit.
- Reflect the roles or tasks that all people using the competencies engage in.
- Reflect the philosophy and language of the organisation.
- Only appear once in the documentation.
- NOTE: Do not be tempted to produce a large number of competencies as the more you include the less distinct from each other they become.

some guidelines for writing effective behavioural indicators.

TABLE 2b: Writing effective behavioural indicators *(Whiddett and Hollyforde 2003)*

- Contain a statement of action that can be observed.
- Describe the context or rationale for the action.
- Contain the simple, clear language so that they care not open to different interpretations.
- Are relevant to the performance of the competency.
- Are sufficient in number to demonstrate effective performance of the competency.
- Are appropriate to all practitioners who will use the competency documentation.
- Only appear once i.e. cannot be transferred to another competency.

EXAMPLES: There are a number of examples of competency statements and behaviour indicators at the end of this section that you should refer to when you write your own competencies and behavioural indicators.

Competency assessment

On completion of the competencies and behavioural indicators the next step is the identification of a competency assessment process. If required refer to the **green** section and **red** section for details of creating a competency development plan.

Collect evidence and reflect on performance

The process of assessing competency requires the accumulation of evidence about performance, from a variety of sources, over a period of time and in a range of situations. The following are examples of sources of evidence that may be used to inform an assessment of competency.

Sources of information/evidence:

- Self-assessment by checking performance against policies, clinical guidelines or other available practice standards.
- Self-assessment using evidence that has been collected from reflecting on everyday performance, such as a reflective diary.
- Speaking with colleagues to collect data regarding outcomes of care.
- Interviewing people receiving care (clients, family members) to collect data regarding experiences and outcomes of care.
- Asking a mentor, preceptor, clinical supervisor, peer or manager with experience in practice to observe performance and provide feedback.
- Auditing documentation such as care plans or other records.
- Certificates of attendance at courses, conferences or workshops.
- Results of completed tests (written assignments, MCQ, OSCA).
- Discussion/reflection groups with colleagues.
- Quality improvement monitors i.e. compliance with infection control policies.

It is important to check the quality of evidence. For example, attending a skills workshop two years previously and not having the opportunity to practice the skill does not support good evidence for competency attainment. The characteristics of good evidence are outlined in Table 3.

TABLE 3: Characteristics of good evidence

- Comprehensive: from a variety of sources.
- Consistent: shows consistent achievement across time and in different situations.
- Valid: relates directly and appropriately to competence.
- Current: has been collected in the recent past.

Decide on how the competencies will be assessed

A common use of a competency document is to assist nurses or midwives to reflect on their performance and guide them in a self-assessment process. The availability of clinical standards and guidelines for practice (national and or local) will inform the assessment process. If these are not currently available they will need to be developed.

In addition, there are a number of rating scales that may be used to guide the assessment and facilitate the nurse or midwife to make a judgement about performance.

Some examples are:

- Competent/not yet deemed competent.
- Numerical scoring system.
- Categorical scoring system.
- Positive/negative indicators.

Competent/not yet deemed competent

Identifying two distinct levels 'competent' or 'not yet deemed competent' is a simple method of rating whether or not the relevant competencies have been achieved. See the example on the following page (Table 4) of how these two levels can be incorporated into a competency document.

Numerical scoring system

Another scale which may be used is a numerical system. Table 5 demonstrates how a five point numerical system can be incorporated into a competency document.

Categorical scoring system

A categorical system such as Patricia Benner's (1984) novice to expert continuum is one of the most common methods used within nursing and midwifery (Table 6). Another example of a categorical scoring system is Steineker & Bell's (1979) experiential taxonomy (Table 7).

RESOURCE: If you choose to use one of these methods of assessing clinical competence, look carefully at the explanations of the various categories. A more detailed explanation of both Benner (1984) and Steineker & Bell's (1979) levels are included at the end of this section.

Positive/negative indicators

Some competence frameworks include examples of effective or ineffective behaviours, which an individual can reflect on to ascertain whether or not they are competent.

EXAMPLES: An example of how these assessment systems can be incorporated into a competence document is included in Tables 4, 5, 6 and 7 on the following page.

TABLE 4: Competency assessment documentation using two levels of measurement

Competency	Behavioural Indicators	Evidence	Competent	Not yet deemed competent

TABLE 5: Competency assessment documentation using a numerical system

Competency	Behavioural Indicators	Evidence	0	1	2	3	4	5

TABLE 6: Competency assessment documentation using a categorical system using Benner (1984)

Competency	Behavioural Indicators	Evidence	N	AB	C	P	E

N -Novice, AB- Advanced beginner, C- Competent, P- Proficient, E- Expert

TABLE 7: Competency assessment documentation using Steineker & Bell's (1979) experiential taxonomy

Competency	Behavioural Indicators	Evidence	E	P	ID	IN	D

E-Exposure, P- Participation, ID- Identification, IN-Internalisation, D-Dissemination

Linking the competencies to a Nursing or Midwifery framework

A competence framework is a term applied to a complete collection of competencies and their behavioural indicators that are central to, and set the standards of, effective performance for a particular client group. If the competencies identified are for a role or service, they may need to be organised into a coherent framework. The domains of competence or practice standards outlined by ABA (2005a, 2005b; 2010) or, the core concepts outlined by the NCNM for ANP/AMP or CNS/CMS role (2008a, 2008b) will assist with the process. The **purple** section provides more detail on competence frameworks.

Integrating the competencies into practice

The final step in this process is utilising the competencies in practice. If a large number of competencies and their behavioural indicators have been identified it may be worthwhile to pilot them to see if people find them relevant, useful and user-friendly. A selection of people who will use the competencies can provide feedback using methods such as individual interviews, questionnaires or focus groups. When feedback has been received the competencies and behavioural indicators can be modified accordingly.

If the competency determination process has been well planned and the intended use of the competencies agreed at the outset, integrating and utilising them in practice will pose little difficulty. Emphasis needs to be placed on agreeing and informing users on how the competencies and relevant documentation will be integrated into existing processes, how people will be supported to use them and how they will be modified and kept up to date to reflect service need and changes in practice.

CASE STUDY: The case study at the end of this section provides an example of the process involved in identifying and writing competencies at local level for a particular service or department.

TEMPLATES: A number of templates are included at the end of this section to assist with:

- Identifying the key people that need to be involved.
- Gathering information to inform the writing of competencies.
- Checking the effectiveness of the competencies and behavioural indicators developed.

Tips to keep in mind when identifying and writing competencies for a service or role

- Get the key people involved.
- Do not underestimate time required.
- Decide on purpose of the competencies.
- Consult a variety of people within and outside the team.
- Refer to available documentation.
- Keep a competency statement short.
- Write behavioural indicators that are observable.
- Decide on a simple assessment strategy.
- Include a process for the ongoing updating of competencies.

Completed competency statements, behavioural indicators, evidence to support competence attainment and competence rating scales.

Example A

Sandra is a mental health nurse who has been qualified for 20 years and has spent much of that time working in long term care environments. Recently Sandra has taken up the opportunity to work in primary care with people experiencing psychosis. This presents Sandra with a number of challenges as she is aware that theory and interventions in the area of voice hearing has changed. Below is an example of a competency and behavioural indicators that Sandra, the CNS in Psychosis and the service user expert by experience has developed.

Competency	Behavioural Indicators	Evidence	N	A B	C	P	E
Works safely and therapeutically with patients/clients that are hearing voices	In conjunction with Service User/ carers as appropriate: • Places the voice hearing experience in the context of the person's life, and explores the potential relationship between past experience and current distress • Conducts a detailed assessment of the voice hearing experience and the person's beliefs about the voices: using recognised assessment tools such as : An interview with a person who hears voices, Beliefs About Voices Questionnaire • Assesses the impact of the voice hearing experience on the person's life and relationships • Assesses the significance of other issues that may require other types of interventions e.g. substance misuse, past history of sexual abuse, thoughts of self-harm • Assists the person and family/carers to identify potential triggers and situations that exacerbate voice hearing by completing a diary • Develops an understanding of the person's experience and their relationship with the voices • Assesses the stage that the person has reached in their relationship with the voices e.g. Organising, Startling, Stabilisation • Works collaboratively with the person to identify and minimise beliefs or behaviours	Certificate of attendance at workshop Direct clinical supervision Clinical audit of patient notes					

Continued overleaf

Example A (Continued)

	that are potentially counter-therapeutic • Explores the strategies the person has used in coping with voices previously • Explores new types of coping strategy, and provides education and support to the client on their use: e.g. distraction, focusing, metacognitive approaches • Tailors interventions to the individual's stage in the voice hearing process • Develops and records a wellness/relapse prevention plan with the person's strategies for managing setbacks and relapses • Maintains a problem solving approach in the face of difficulties and frustrations • Explores how medication use has affected the voice hearing experience and the person's relationship with medication use • Uses evidence based assessment tools to monitor the side effects of medication • Teaches the person about medication side effects and self-monitoring of the therapeutic benefit and side-effects of medication • Evaluates in conjunction with the person the positive and negative outcomes of plan of care and develop a new plan, as appropriate • Communicates both verbally and in writing, with other health colleagues, the nature of the person's difficulties, the interventions planned and outcomes achieved • Provides information on peer support groups available in the community e.g. Hearing Voices Network (HVNI) • Pays attention to their own emotions and responds professionally to any difficulties in the relationship • Makes use of clinical supervision to reflect on and learn from experiences and maintain good practice						

N -Novice, AB- Advanced beginner, C- Competent, P- Proficient, E- Expert

Microsoft Word version available on CD

Example B

Ann is a CNM II on a busy medical ward in a large hospital. The nursing staff skill mix changes regularly on the ward and, where available, bank staff and agency staff are used to fill vacancies. Many patients on the ward receive intravenous antibiotics. Ann wishes to write a competency to reflect the necessary skills and knowledge required by staff on the ward to engage safely in this practice of intravenous (IV) antibiotic administration. Below is an example of behavioural indicators and evidence that Ann might include in this competency.

Competency	Behavioural Indicators	Evidence	Competent	Not yet deemed competent
Engages in the safe delivery of intravenous antibiotics to patients	• Complies with the requirements/policies of the hospital for the safe administration of intravenous antibiotics • Complies with An Bord Altranais publications regarding the Code of Professional Conduct, Scope of Practice and Medication Management for professional nursing practice • Identifies, calculates, reconstitutes and administers intravenous antibiotics correctly and effectively • Assess the therapeutic outcomes of intravenous antibiotic therapy and recognise side effects/adverse reactions promptly • Assess patient outcomes/withholding medications • Safe storage of intravenous antibiotics • Reports medication errors/incidents/near misses in a timely manner using correct procedure • Accepts personal accountability for decisions and actions regarding the administration of intravenous antibiotics, understanding the professional implications of doing so • Provides education to patients regarding the administration of intravenous antibiotics • Accurately documents all practices regarding the administration of intravenous antibiotics	Clinical audit of medication chart Successful MCQ test on completion of IV study day Review of adverse incident reports		

Microsoft Word version available on CD

Example C

Rachel is a CNS in Diabetes working in the diabetic out-patients department of a hospital. She would like to identify and write a nursing competency for all nursing staff in the department regarding the safe management of patients who attend the out-patient department with a diabetic foot ulcer. Below is an example of behavioural indicators and evidence that Rachel may include in this nursing competency.

Competency	Behavioural Indicators	Evidence	0	1	2	3	4	5
Provides effective nursing care regarding the management of patients who experience diabetic foot ulceration	• Practises in accordance with legal and professional requirements and local policies/ guidelines relating to nursing care of a patient with a diabetic foot ulcer • Carries out an accurate assessment of the patient which includes obtaining the relevant history and patient examination regarding neuropathy, vascular status, skin, bone/joint, footwear/socks • Effectively plans and implements nursing care in conjunction with the multi-disciplinary team • Adheres to aseptic technique principles in all wound care activities • Recognises the signs and symptoms of infection and understands the need for prompt intervention • Effectively evaluates the care given and makes necessary interventions in conjunction with the multi-disciplinary team • Provides education to patients/carers regarding areas such as regular feet inspection, care of feet and appropriate footwear • Accurately documents all aspects of care regarding the assessment, planning, treatment, implementation and evaluation of nursing care of a patient with a diabetic foot ulcer	Patient survey of satisfaction including patient knowledge of self care						

Microsoft Word version available on CD

Example D

Farai is a CNM II in a Supported Living Service for people with a mild Intellectual Disability. He would like to develop a competency for all nursing staff in the service to ensure best practice in person-centred approaches to care. Below is an example of behavioural indicators that Farai may include in this competency.

Competency	Behaviour Indicators	Evidence	E	P	ID	IN	D
Facilitates person centred practice with people who have a mild Intellectual Disability	• Makes professional decisions and acts upon these based on full knowledge of the: - legal and professional requirements - research evidence - service policies/guidelines - clients social context - client's own experience, aspirations and choices, and - clinical judgement • Delivers person-centred practice in partnership with the client, multi-disciplinary team and care givers • Participates in an accurate person-centred assessment of the client • Effectively plans and implements support to facilitate client -led, relative/carer-led or professional-led person-centred practice • Evaluates all aspects of person-centred practice • Provides education to the client/care giver(s) on areas such as client-advocacy, empowerment, social inclusion and the person-centred approaches utilised • Accurately and comprehensively documents all elements of person-centred practice	Patient story Review of case notes					

E-Exposure, P- Participation, ID- Identification, IN-Internalisation, D-Dissemination

Microsoft Word version available on CD

Example E

Josephine is the assistant director of public health and she would like to develop a competency for all nursing staff in the service around clinical decision making. Below is an example of behavioural indicators that she may include in this competency.

Competency	Behavioural Indicators	Evidence	N	AB	C	P	E
Implements care safely and effectively based upon safe and effective clinical decisions	• Complies with An Bord Altranais publication regarding Scope of Practice • Possesses the ability to analyse and interpret information critically • Recognises the link between evidence based practice as a critical component to effective and safe decisions • Identifies and critically reflects on possible solutions in order to implement the most appropriate solutions to identified problems • Effectively adopts a questioning attitude in order to assess the situation critically • Exercises rational thinking in applying solutions and decisions • Demonstrates the ability to make decisions in addition to communication of such decisions to key stakeholders • Recognises the influence of knowledge and individual scope of practice on decisions • Recognises the impact of alternative priorities or demands from other tasks or roles when making decisions • Demonstrates the ability to make decisions in collaboration with both colleagues and patients	Clinical supervision record					

N -Novice, AB- Advanced beginner, C- Competent, P- Proficient, E- Expert

Microsoft Word version available on CD

Example F

Jane is a CNM II working in a large prison. The nursing staff in the prison work as part of a multi-disciplinary team delivering care to clients with wide ranging drug and alcohol dependency problems. In recent times she has noticed an increasing amount of clients attending the addiction services within the prison. She would like to develop competencies to assist all nursing staff to work effectively as part of the wider multi-disciplinary team in the prison to deliver effective care to this group of clients.

Competency	Behavioural Indicators	Evidence	Competent	Not yet deemed competent
Uses effective inter-disciplinary working to plan care for client with addiction issues	• Plans client care, within custodial setting, while fulfilling requirements for equivalence of care and access to services for prisoners • Assess client using the addiction assessment protocol available • Refers to and liaises with other professionals and services available within the prison setting for addiction issues • Co-ordinates the care provided to client by the MDT and other services • Works flexibly to integrate a high standard of clinical care into the secure custodial setting • Effectively communicates clinical priorities and position to other disciplines, while maintaining confidentiality • With client consent, accurately represents clients in round table discussions with other relevant services • Negotiates a common approach to the care of clients and adheres to this in all interactions • Works to diffuse any client anger which may be directed towards self, others and people involved in service provision • Consistently follows-up on and accurately documents all interaction outcomes related to the clients care • Successfully establishes links with professionals involved in the clients care in the community, in order to further continuity of care following committal or release	Review of adverse events Clinical supervision Review of case notes		

Microsoft Word version available on CD

Case study – Process for identifying and writing competencies

Carol is a CNM II working in the phlebotomy department of a large hospital and led the process of writing competencies for the purposes of induction and planning development activities for nursing staff. Below is the way that Carol determined the relevant competencies.

The questions Carol asked herself:

- Am I aware of all those I need to involve and the stage at which I need to involve them?
- Do all those that need to be involved know enough about competencies or do I need to do some education before we begin?
- Is the purpose of the competencies determination process clearly defined?
- Is the plan to involve stakeholders sufficiently comprehensive?
- How will communication be managed throughout and what strategies will be used?
- Have I allocated sufficient time and resources to the activity?
- What are the potential problems that can be anticipated?
- How can I allay any fears or anxieties people may have?
- How will I ensure that the competencies identified are kept up-to-date and reviewed?

The people Carol involved:

- Director of Nursing: kept her informed of the activity and progress.
- Assistant Director of Nursing: invited her to a meeting in the preparation phase.
- A range of nursing staff with phlebotomy experience: throughout the whole process.
- Facilitators of a venepuncture training course: throughout the whole process.
- Laboratory staff, risk management staff, infection control staff and relevant medical personnel who are involved in ordering bloods : at various stages in the process.
- Representation from phlebotomy department in another hospital with expertise in writing competencies for a similar department: at the beginning and end of the process.

The information Carol collected to determine the competencies included:

- Published literature and research.
- Audit documentation of blood ordering trends.
- Risk management documentation-needle-stick audit information.
- Patient surveys.
- Local/national policies or practice guidelines e.g. HSE (2010b) guidelines on intravenous cannulation.
- Observation/opinion of a range of phlebotomists.

How Carol piloted the competencies identified:

- Asked a selection of phlebotomists to comment on the clarity of the language and the relevance and user friendliness of the documentation.
- Piloted the competencies for a period of time with the staff within the department and then reviewed and updated.

How Carol incorporated the competencies into practice:

- Used staff meetings to discuss the competencies.
- Organised a workshop for the team.
- Included them in all induction literature and induction programmes.
- Personally mentored staff in using them to self-assess and develop competency development plans.

Template 1

Template 1: key people to involve in identifying and writing competencies for practice

Name of Unit/service:_____ Date:_____

Consider the key people that need to be involved?						
	Name of key people	Location		Level of involvement		ROLE
		Within service	Outside service	Inform	Involve in process	
Collecting information						
Writing the competencies and behavioural indicators						
Supporting the integration into practice and any subsequent competence development activities needed						
Utilising the competencies in practice						

Microsoft Word version available on CD

Template 2

Template 2: Collecting the relevant information

Gathering information - Sources of information					
SOURCES OF INFORMATION – PEOPLE AND DOCUMENTS	Available		Competencies Identified		Comment re action in relation to source of information
	Yes	No	Yes	No	
CNS/CMS and ANP/AMP					
Nursing and midwifery experts					
Clinicians who will be using the competencies					
Other professional experts working within the practice area					
Professional nursing/midwifery organisations					
Other organisations with involvement in the topic area					
Patient/client advocacy group or individual feedback from patients/clients/family					
International guidelines					
National clinical guidelines					
Local clinical guidelines or practice standards					
Guidelines and competence documents published by ABA					
Competence documents published elsewhere					
Systemic reviews e.g. Cochrane					
Other published research					

Name of Unit/service:_____ Date:_____

Microsoft Word version available on CD

Template 3

Template 3: Checklist for competency

Name of Unit/service:_____ Date:_____

Checklist for determining competencies

Write competencies below and tick relevant box

Competency Statement	Describes what is to be observed		Describes underlying principle of task		Distinct from any other competency		Refers to only one domain or standard		Applies to all intended users		Appears only once in document		Action to be undertaken
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

(Adapted from Whiddett & Hollyforde, 2007).

Microsoft Word version available on CD

Benner (1984) from novice to expert

Novice	Novices have no experience of a particular situation. The rule-governed behaviour typical of the novice is extremely limited and inflexible. As such, novices have no "life experience" in the application of rules. "Just tell me what I need to do and I'll do it." This rule-governed behaviour is limited and inflexible. They have no ability to prioritise tasks and new skills are performed in a non-confident manner where understanding is limited. The novice requires close supervision, assistance with non-routine situations and continuous education, either formal or informal.
Advanced Beginner	Advanced beginners continue to require assistance in setting priorities and cannot determine essential interventions in complex situations. These nurses and midwives require mentoring support in the clinical area. They demonstrate marginally acceptable performance as they can deal with more non routine situations than the novice but still need frequent assistance from more expert colleagues and formal or informal education.
Competent	Competence, typified by the practitioner who has been on the job in the same or similar situations two or three years, develops when the nurse or midwife begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the competent nurse or midwife, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. The competent practitioner lacks the speed and flexibility of the proficient nurse or midwife but does have a feeling of mastery and the ability to cope with and manage the many contingencies of clinical nursing. The competent person does not yet have enough experience to recognise a situation in terms of an overall picture or in terms of which aspects are most salient, most important. The competent practitioner needs selected assistance or supervision, can manage most complex situations but requires frequent informal and formal education to keep practice up to date.
Proficient	The proficient performer perceives situations as wholes rather than in terms of single aspects. Proficient nurses and midwives understand a situation as a whole because they perceive its meaning in terms of long-term goals. The proficient nurse or midwife learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient practitioner can now recognise when the expected normal picture does not materialise. This holistic understanding improves the proficient nurse's or midwife's decision making; it becomes less laboured because the nurse or midwife now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones. The proficient nurse or midwife acts as a mentor and supervises other practitioners, manages all situations effectively and requires formal and informal education in order to keep current
Expert	The expert performer no longer relies on an analytic principle (rule, guideline, and maxim) to connect her or his understanding of the situation to an appropriate action. The expert nurse or midwife, with an enormous background of experience, now has an intuitive grasp of each situation operating from a deep understanding of the total situation. The expert trains other nurses or midwives to be mentors and oversees unit experiences, manages all situations effectively by anticipating complications and requires formal education to keep current

[Adapted from Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.]

The experiential taxonomy (Steineker and Bell 1979)

Exposure	The individual will have observed a competent practitioner carry out aspects of nursing care, shows a willingness and ability to relate the practice observed and its underlying theory to their own previous experience. Demonstrates ability to analyse and discuss with the practitioner why and how certain aspects of care were carried out, and identifies sources and types of information required to enhance further application of knowledge to the practice observed.
Participation	The individual now shows the ability to participate in the delivery of care under supervision on a more sustained basis with less prompting and greater confidence. Shows greater ability to communicate effectively. Demonstrates a wish to acquire further information and ability to analyse and interpret information. Applies problem solving skills and knowledge base to meet different situations.
Identification	The individual demonstrates the ability to explain the rationale for nursing action. Requires less supervision whilst caring for a group of patients/clients, is able to transfer knowledge to new situations. Seeks and applies new knowledge and research findings, demonstrates ability to use problem solving skills, critical analysis and evaluation.
Internalisation	The individual demonstrates the ability to participate under close supervision of a competent practitioner in carrying out aspects of care, having demonstrated knowledge by analysis. Questions practitioner on aspects of care and its rationale, decision-making, practical skills, and means of acquiring further information and opportunities for practice. Shows ability to perform manipulative skills, operationalises communication and problem solving skills with guidance.
Dissemination	The individual demonstrates the ability to plan, implement and evaluate care for patients/clients under minimal supervision. Advises others, shows ability to teach junior colleagues, identifies personal management style and shows ability to manage care delivery by junior staff. Critical analysis, evaluation and decision-making skills are demonstrated.

[Adapted from Steineker N., Bell R. (1979). The experiential taxonomy: a new approach to teaching and learning. Academic Press, New York.]

Competency Development Planning and Competency Assessment Processes

Introduction

This section provides support for managers to mentor nursing or midwifery team members to develop individual competency plans for effective service delivery.

This section also supports individual nurses and midwives to develop a competency development plan inclusive of assessment processes. This is in order that individual nurses and midwives can contribute to the overall competency pool of the nursing or midwifery team focusing on effective clinical outcomes. This individual competency development planning and assessment will also contribute to nurse or midwife's portfolio development.

It may to useful to refer back to the **green** and **orange** sections. The **green** section discusses issues in relation to competence determination for the nursing or midwifery team to meet the needs of a service. The **orange** section provides guidance on writing competencies and assessment processes.

The following are some examples from practice where nurses and midwives may wish to carry out an assessment of their practice and create a competency development plan.

- **Marie is a staff nurse** working in a local hospital for a number of years. She is thinking of applying for a job in a nursing home. She would like to carry out an assessment of her competencies and update her portfolio. She will use this as part of her evidence of CPD and to prepare for potential job interviews.
- **Lorna is a nurse working in the prison service.** She has taken on the role of co-ordinator of the substance misuse detoxification programme and would like to carry out an assessment of her competencies to identify areas for improvement
- **Raji is working in paediatric intensive care.** Following the introduction of some new equipment, the protocol for ventilating babies has been revised and he would like to assure himself of his competencies in this area.
- **Alice is a Public Health Nurse** attached to a Health Centre in a Local Health Office area. A primary care team has recently been established and this has resulted in a change of practice. Alice would therefore like to carry out an assessment of her competencies to identify areas for improvement, in particular in the area of chairing clinical team meetings, and to discuss these with her line manager.
- **Aveen is a mental health nurse** who has moved from a hospital to community care. The clinical nurse manager has provided her with nursing competencies for the service, and Aveen would like to carry out an assessment of her competencies to identify areas for improvement and discuss her competency development plan with her manager.
- **David is a midwife** in the labour ward who has taken on a role as preceptor to Ciara, a newly qualified midwife. He would like some assistance with his own competencies as a

preceptor in supporting Ciara with her assessment and development of competencies.

Competency development planning and assessment processes

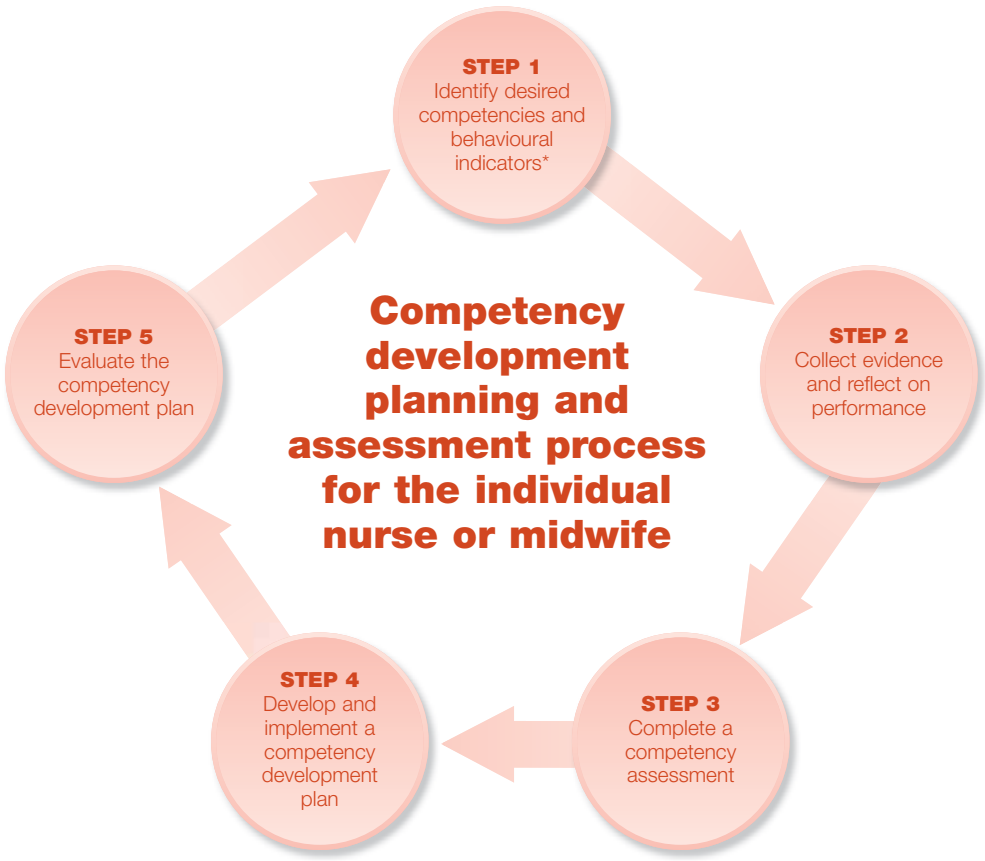
The competency development planning process for an individual nurse or midwife is a cyclical process, which enables a nurse or midwife to identify strengths and gaps in skill level, set goals and develop action plans to assist in achieving desired competencies. The process described in this section involves five steps (outlined in Figure 1). A case study example that relates the steps to a practical example is provided at the end of this section. You will also find templates for documenting the steps of both your assessment and competency development plan at the end of this section.

Step1: Identify desired competencies and behavioural indicators

The relevant competencies or behavioural indicators for the area of practice or role may already be available. They may be contained within documents that exist within the service/organisation such as those outlined in Table 1 on the following page.

If the competencies are not available it may be necessary to work with the manager or team to identify relevant competencies and behavioural indicators. If this is the case the **orange** section of this toolkit provides guidance on writing competencies and behavioural indicators.

FIGURE 1: Competency assessment and development planning process



*Refer to **orange** section

Step 2: Collect evidence and reflect on performance

TABLE 1: Documentation which may contain competencies for practice

- Competency framework documents.
- Practice standards.
- Clinical or practice guidelines.
- Policy documents.
- Unit or service objectives.

Assessing competencies requires a nurse or midwife to reflect carefully on their practice and examine each competency statement and behavioural indicator.

This step involves asking the following questions:

- Do I have the knowledge, skills and attitudes necessary for each competency and behavioural indicators identified?
- What evidence do I have to indicate that I can demonstrate the competency and behavioural indicators identified?

The process of assessing competence requires the accumulation of evidence about performance, from a variety of sources, over a period of time and in a range of situations. The following are examples of sources of evidence that may be used to inform an assessment of competency.

Sources of information/evidence:

- Self -assessment by checking performance against policies, clinical guidelines or other available practice standards.
- Self -assessment using evidence that has been collected from reflecting on everyday performance, such as a reflective diary.
- Speaking with colleagues to collect data regarding outcomes of care.
- Interviewing people receiving care (clients, family members) to collect data regarding experiences and outcomes of care.
- Asking a mentor, preceptor, clinical supervisor, peer or manager with experience in practice to observe performance and provide feedback.
- Auditing documentation such as care plans or other records.
- Certificates of attendance at courses, conferences or workshops.
- Results of completed tests (written assignments, MCQ, OSCA).
- Discussion/reflection groups with colleagues.
- Quality improvement monitors i.e. compliance with infection control policies.

It is important to check the quality of evidence. For example attendance at a skills workshop two years previously in the absence of clinical practice would not be considered good evidence. The characteristics of good evidence are outlined in Table 2.

TABLE 2: Characteristics of good evidence

- Comprehensive: from a variety of sources.
- Consistent: shows consistent achievement across time and in different situations.
- Valid: relates directly and appropriately to competence.
- Current: has been collected in the recent past.

Step 3: Complete a competency assessment

After reviewing each competency and relevant behavioural indicators in light of the evidence, it is necessary for a nurse or midwife to make a judgement about their performance and rate their level of competence. There are a number of rating scales that may be used to assist with this process.

- 'Competent' or 'Not yet deemed competent'.
- Numerical scoring system.

- Categorical scoring system.
- Positive/negative indicators.

A more detailed explanation of each scale is included in the **orange** section of the toolkit. You should look at these explanations carefully if you choose to use one of these methods.

The outcome of this competency assessment will be the identification of the competencies achieved and the competencies that require further development.

Step 4: Develop and implement a competency development plan

Where the desired level of competency is not achieved a clear competency development plan should be devised to enable attainment of competency. Competency development activities included in the plan can be formal or informal. Table 3 outlines a variety of competency development activities and resources that a nurse or midwife may consider when developing a plan.

When devising the plan remember to specify the timeframe for achieving objectives as well as the source or type of evidence that will be used to assess the outcomes.

TABLE 3: Competency development activities and useful resources

Within the unit/ward	Within the service/hospital	Outside the service
• Organise mentoring or coaching by experienced staff member. • Organise a period of observation with an expert in the area. • Read local policy and protocols. • Attend a journal club. • Read literature and make presentation to ward staff. • Undertake some reflective writing for inclusion in portfolio.	• Participate in clinical supervision. • Practise skills (clinical or interpersonal) in the skills laboratory. • Undertake a short course/training in centre for education. • Watch video on relevant area of practice. • Participate in a committee involved in developing this aspect of practice. • Contribute to an audit or research project in the area.	• Undertake a third level accredited course or module. • Attend a conference, workshop or seminar. • Organise a short visit or secondment to another service. • Submit an article/poster for publication or presentation.

Useful resources to support competency development planning

- Guidelines for Portfolio Development for Nurses and Midwives, 3rd edition (NCNM 2009b).
- Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts, 4th edition (NCNM 2008a).
- Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts, 4th edition (NCNM 2008a).
- Clinical Supervision: A Structured Approach to Best Practice (NCNM 2008e).
- www.hseland.ie.

Step 5: Evaluate the competency development plan

The final step is the evaluation of the competency development plan. It may be useful to ask a colleague or manager to help with this.

If having reviewed the plan the desired competency level has been achieved within the time period identified, consider the following questions.

- What supports were useful in achieving the desired level of competence?
- What supports would I use in future competency development plans?
- Are new development activities required for another competency?

If having reviewed the plan the desired competency level has not been achieved within the specified timeframe, consider the following questions.

- What were the reasons for not achieving the competency?
- Were the goals reasonable and achieveble?
- Was the time frame unrealistic and therefore needs to be extended?
- Are the supports identified helpful?
- Are additional or different supports required?
- Do I need to ask for guidance for a senior colleague?

Asking and answering the above questions will assist in determining what action is next required to achieve the competency.

The five step process of competency development planning described in this section will act as a valuable tool in assisting in continued professional development. It will also ensure efficient, effective care and enhance the overall functioning and clinical outcomes of the service/team.

TEMPLATE: At the end of this section a template to document a personal competency development plan based on Benner's (1984) novice to expert continuum is included. A more detailed explanation of Benner's categories is included in the orange section of the toolkit. You should look at this explanation carefully if you choose to use this method.

The template will assist in documenting the actions undertaken to develop competency and the evidence to support competency achievement and the evaluation. It can also be added to a professional portfolio as evidence of continuing professional development.

How frequently should I assess my competencies

Timeframes will be dependent on such variables as the complexity of the competency, the opportunity for clinical practice and experience and the emergence of new evidence etc.

The current health care environment is ever changing and consequently there will be many occasions when competence assessment and development will be necessary to ensure quality safe patient/client care. Some examples of these situations were outlined at the beginning of this section, such as: changes in care process or new interventions, changes in technology, publication of new guidelines or protocols, taking on a new role, expanding an existing role, moving to a new area of practice, and/or returning to nursing and midwifery practice after a period of absence.

Tips to keep in mind when building a competency development plan

- Prioritise the competencies that require development.
- Set realistic goals for competence development.
- Consider time constraints, resources and other supports that may be required.
- Set a review date that is achieveble.
- Use a variety of evidence to inform a self assessment.
- Identify both formal and informal competency development activities.
- Consider how people within and outside your immediate team may provide assistance .
- Review the competency development plan within agreed timeframe.
- If progress not achieved review actions and support as alternative actions and support structures may be required.

Case study

Paul is a mental health nurse who qualified six months ago. Since qualifying, he has worked in a care of the elderly day service, filling in for a staff member who was on leave of absence. On their return Paul was redeployed to the mental health day hospital. During his orientation the CNM provides Paul with a list of competencies that he requires as part of his role. One of the competencies was to 'Develop recovery oriented care plans in association with service user/family member'. This competency and its related behavioural indicators are outlined opposite. Effectively assessing competence required Paul to reflect carefully on his professional performance/practice in the light of the competency statement and behavioural criteria/indicators identified. To achieve this, Paul used self-assessment strategies and asked his CNM to observe him developing a recovery care plan with a service user and review the written documentation of the plan developed. Although Paul was competent in developing a plan of care with the client group he worked with previously, following his self-assessment and feedback from the CNM, he rated himself, using Benner's framework, as an advanced beginner in a number of the behavioural indicators identified.

Competency	Behavioural Indicators	N	A B	C	P	E
Develops recovery oriented care plans in association with service user/family member	In conjunction with service user/family member as appropriate					
	• Facilitates the person to identify their concerns and problems		x			
	• Uses evidence-based assessment tools to identify needs					
	• Plans appropriate interventions to enable the person address their concerns and problems		x			
	• Focuses on person's strengths rather than deficits					
	• Accommodates the person's individual and cultural explanation of their mental distress		x			
	• Works with the person in a negotiated framework with regard to all interventions, including medication			x		
	• Accommodates the person's right to take therapeutic risks			x		
	• Identifies criteria for the evaluation of recovery plan in conjunction with the person					
	• Plans for discharge and follow up care in conjunction with person and multidisciplinary team		x			
	• Provides education on peer support services in the community to person and family				x	
	• Communicates respectfully and develops a hope-inspiring relationship					

Example: competency development plan

In conjunction with the CNM Paul devised a competency development plan (below), which included a number of activities to be undertaken over a period of 6 weeks. The nature of the development activities also provided Paul with evidence from a variety of sources that would assist him in evaluating the success or otherwise of his development plan.

Competency	Actions undertaken to achieve desired competency level	Evidence and review date	Outcome Competency level				
			N	A B	C	P	E
Develops recovery oriented care plans in association with service user/family member	Reading core literature available on the ward and on the Mental Health Commission website on recovery care planning	Self assessment (2 weeks)					
	Accompanying a more experienced practitioner and observing them developing recovery plans and utilising assessment tools	Peer observation (1 week)					
	Meeting with the community mental health nurses to identify community services	Record in portfolio (1 week)					
	Contacting the service user advocate that worked with the day hospital to identify peer support services in the community	Record in portfolio (1 week)					
	Attending an in-service day on recovery and recovery care planning organised by the Centre for Nurse Education	Record of attendance (4 weeks)					
	Asking service users to provide him with feedback on his interactions with them	Feedback from service user (3 weeks)					

N –Novice, AB- Advanced beginner, C- Competent, P- Proficient, E- Expert

Template 1

Competency assessment and development planning

Name..... Date.....

Competency	Behavioural Indicators	Evidence	N	AB	C	P	E

N –Novice, AB- Advanced beginner, C- Competent, P- Proficient, E- Expert

Microsoft Word version available on CD

Template 2

Personal competency development plan

Name..... Date.....

Competency and behavioural indicators	Actions undertaken to achieve desired competency level	Evidence and review date	Outcome				
			N	AB	C	P	E

N –Novice, AB- Advanced beginner, C- Competent, P- Proficient, E- Expert

Microsoft Word version available on CD

Competence Frameworks
in Nursing and Midwifery

Introduction

This section provides information on competence frameworks and provides some guidance on how to link the competencies identified for a service or role to an overall competence framework. Before progressing you may wish to consider the following questions.

Questions to consider:

- What do I know about competence frameworks?
- What are the core competence frameworks that underpin my professional practice?
- Are there specific competence frameworks that have been developed to support my specific role/area of practice?
- Are competence frameworks utilised within my service/organisation and, if so, for what purposes?

What is a competence framework?

A competence framework is a term applied to a complete collection of competencies and their behavioural indicators that are central to, and set the standards of, effective performance for a particular client group (older persons), condition (Parkinson's, stroke, substance misuse), role (peri-operative care) or department (theatre, rehabilitation, labour ward). In other words a competence framework is a way of organising lists of competencies and their behavioural indicators into an organised, structured and integrated whole (Whiddett & Hollyforde 2003).

Competence frameworks provide an explicit link between the competencies required for safe and effective care, based on service need, and the competencies that individual nurses or midwives must possess, or need to acquire. In nursing and midwifery, a competence framework also communicates a shared understanding of the values and beliefs of the professions.

How are competence frameworks structured?

Although there may be various approaches to constructing competence frameworks, they all have three similar basic elements:

- Competency statements.
- Behavioural indicators.
- Competency domains/core concepts/ clusters or practice standards.

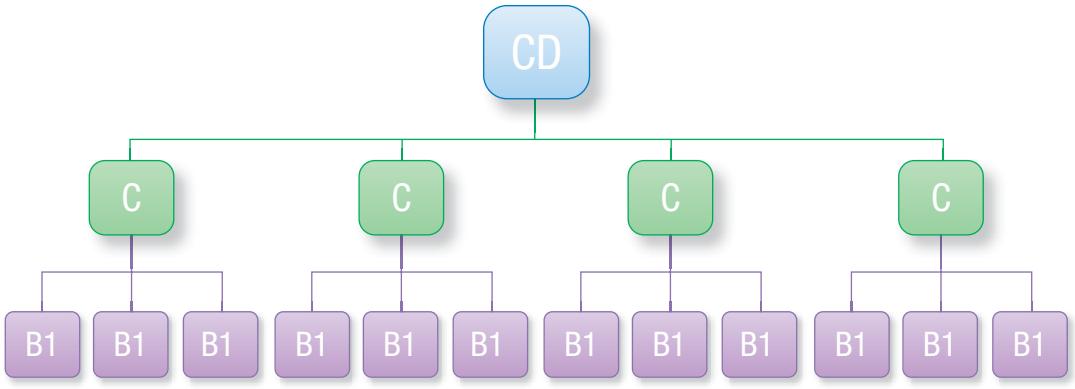
Competency statements

A competency statement is a brief written description outlining the expected knowledge, skills and judgement that nurses and midwives use to provide effective care (Whiddett & Hollyforde 2003).

Behavioural indicators

Behavioural indicators are the behaviours that one would expect to observe when a person demonstrates effective performance in the stated competency. Therefore, each individual competency will comprise several behavioural indicators (Whiddett & Hollyforde 2007).

FIGURE 1: Construction of a Competency Domain



Competency domains/core concepts/clusters/practice standards

A competency domain/core concept/cluster is a collection of closely related competencies, which are grouped together under an overall term that represents one category or aspect of professional practice. Within the professions of nursing and midwifery a collection of closely related competencies may also be referred to as "practice standards".

Figure 1 above shows how a competency domain/core concept/cluster/standard can be constructed. This competency domain (CD) contains four competencies (C), each containing three behavioural indicators (BI). Typically a competence framework may contain between five to eight domains/core concepts/clusters.

Nursing and Midwifery competence frameworks in Ireland

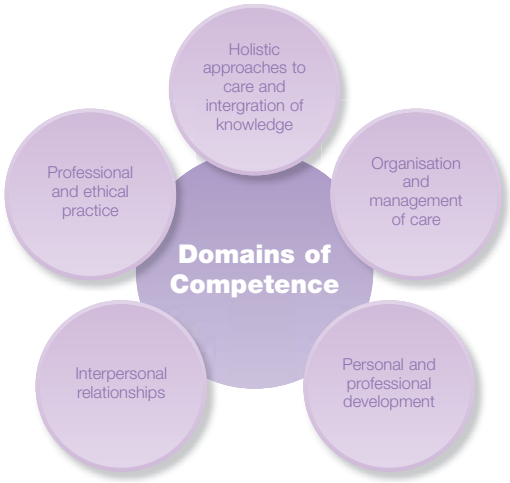
The major competence frameworks in nursing and midwifery in Ireland are:

- Common or core competence frameworks.
- Role-specific competence frameworks.
- Competence frameworks for nurses or midwives working with a particular patient/client group.
- Competence frameworks for expanding roles in nursing and midwifery.

Core competence frameworks

Common or core competence frameworks in nursing and midwifery contain competencies that are appropriate to all nurses or midwives, across all organisations and at all levels. An Bord Altranais's Domains of Competence for nurses (ABA 2005a) and midwives (ABA 2005b), available at www.nursingboard.ie, are examples of core competence frameworks. These frameworks describe the knowledge and skills nurses and midwives need to achieve competency for registration with ABA. Both frameworks include five domains (Figure 2).

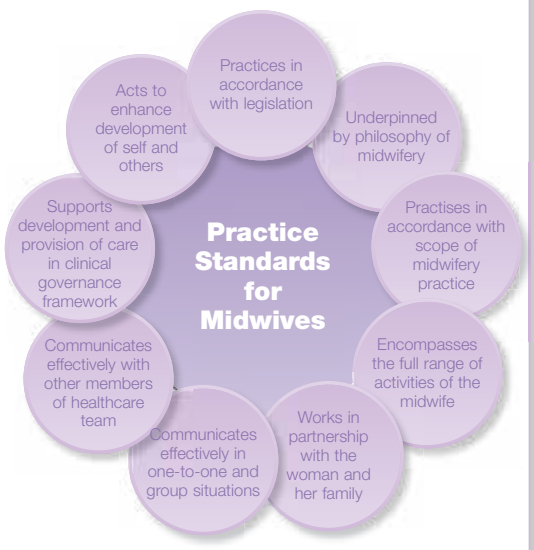
FIGURE 2: Domains of Competence (ABA 2005a)



Each domain includes individual competencies and relevant behavioural indicators, which describe the elements within the particular competency that are deemed to reflect safe and competent nursing or midwifery practice.

An Bord Altranais recognises and supports the distinct professional identity of midwives and has recently published competencies related specifically to the profession of midwifery entitled The Practice Standards for Midwives (ABA 2010, available at www.nursingboard.ie). Nine practice standards are identified (Figure 3) and each standard includes relevant competencies and practice guidelines.

FIGURE 3: Midwifery Practice Standards (ABA 2005b)

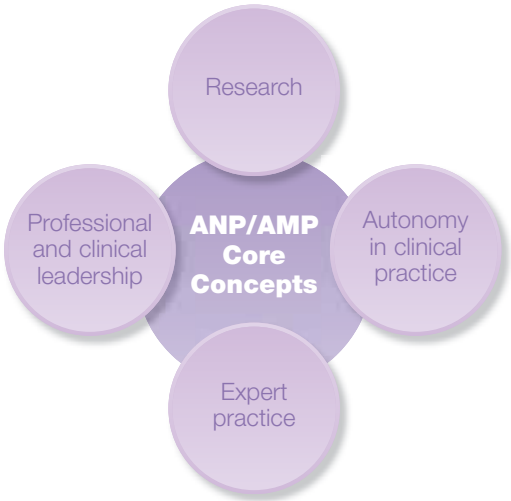


Role-specific competence frameworks

Within nursing and midwifery practice in Ireland there are also role-specific competence frameworks, which identify core competencies that are applicable to all nurses and midwives within a particular role such as ANP/AMP and CNS/CMS.

The NCNM (2008a) identified four core concepts (Figure 4) with the associated competencies for the ANP/AMP role. These ANP/AMP concepts are shared by all who practise at this level (NCNM 2008a).

FIGURE 4: Advanced Nurse and Midwife practitioner role concepts (NCNM 2008a)



The NCNM have identified five core concepts with associated competencies for clinical nurse and midwife specialists in Ireland. These CNS/CMS concepts (Figure 5) are shared by all who practise at this level (NCNM 2008b).

FIGURE 5: Clinical Nurse or Midwife specialist role concepts (NCNM 2008b)

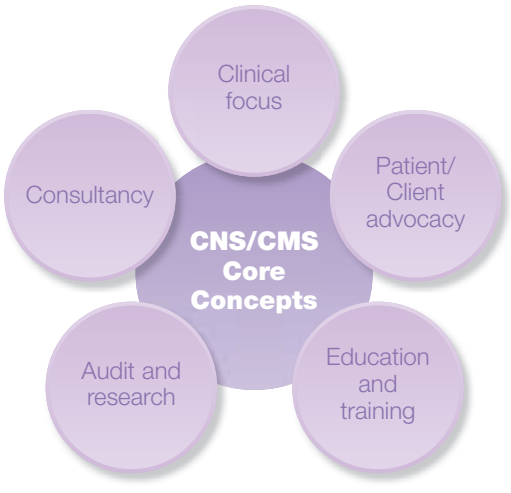


TABLE 1: Benefits of using competence frameworks in practice

Performance management	Learning and development	Recruitment and selection
• Provide structure and scope to the setting of objectives. • Provide a focus on the behaviours that are required to perform a role. • Identify how those behaviours are to be measured and assessed. • Assist in planning for future CPD.	• Facilitate the nurse/midwife manager to review and identify the development and training needs of staff. • Inform services in the commissioning and evaluation of CPD programmes. • Guide and support educators in the design, delivery and evaluation of CPD programmes. • Facilitate the individual nurse to identify their CPD needs.	• Describe the organisation's aspirations and the behaviours required for a particular role, for example, in a job advertisement and job description. • Provide criteria to design and assess candidates using competency-based interviews. • Provide criteria to structure feedback to interview candidates.

Competence frameworks for Nurses and Midwives working with particular patient/client group

Within Ireland the five domains of competence published by ABA (2005a, 2005b) have been used to develop published competencies for nurses and midwives working with a particular client/patient group. The ABA publication *Professional Guidance for Nurses working with Older People* is an example of a competence framework for nurses working with a particular client group (ABA 2009).

Competence frameworks for expanding roles in Nursing and Midwifery

Nurses' and midwives' roles have expanded to reflect a wide variety of practices in response to the needs of patients/clients within the dynamic healthcare environment. Below are some examples of these expanded roles that are based on ABA's Domains of Competence (2005a, 2005b).

- Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority (ABA 2007).
- Requirements and Standards for Nurse Education Programmes for Authority to Prescribe Ionising Radiation (ABA 2008).

Linking competencies to a Nursing or Midwifery framework

To ensure that the competencies identified are being developed in an integrated manner, it is important that they are linked to existing competence frameworks that have been published. An Bord Altranais's Domains of Competence for nurses (ABA 2005a) and midwives (ABA 2005b) may assist with this process. If the competencies are written for the ANP/AMP or CNS/CMS role the core concepts outlines by the NCNM (2008a, 2008b) should be used. Organising the competencies into a coherent framework will enable users to identify any gaps and minimise overlap.

Utilising a framework will also ensure that each group or individual involved in identifying competencies within the organisation are using an overall coherent competence development approach. An example of how the competencies required to care for children requiring an arterial line may be linked to An

Bord Altranais's Domains of Competence for nurses (ABA 2005a) and is provided at the end of this section.

Benefits of utilising competencies and competence frameworks in practice

Developing and using a competence framework for your service or role can assist in a number of areas of professional practice as outlined in Table 1 (on previous page).

International Nursing/Midwifery competence frameworks

In addition to core competence frameworks many countries have produced specific competence frameworks relating to a variety of nursing practice internationally. Depending on your area of practice, some of these may be of interest to you. It is important to remember that they are not using the domains of competence or core concepts identified by ABA or the NCNM (Table 2).

TABLE 2: Examples of competence frameworks

- Closing the Gap: A capability framework for working effectively with people with combined mental health and substance use problems (dual diagnosis) (Hughes 2006).
- Competencies: A Competency Framework for nurses working in Parkinson's disease Management (RCN 2009a).
- Sexual health competencies: an integrated career and competence framework for sexual and reproductive health nursing across the UK (RCN 2009b).
- Competency framework for Nursing Staff Working in the Scottish Prison Service (NHS 2005).
- A Route to Enhanced Competence in Perioperative Practice For Operating Department Practitioners and Nurses (NHS 2002).

Relating competencies to core competence framework and domains of competence

Example

The following is an example of how competencies in relation to caring for a specific patient/client group may be linked with An Bord Altranais's Domains of competence (ABA 2005a). The patient/ client group are **children requiring an arterial line.**

Domain	Behavioural Indicators	Assessment scale	
Professional and Ethical Practice		**Not yet deemed competent**	**Competent**
Practises in accordance with legislation affecting nursing practice	Practises in accordance with the local policy/guidelines on Care and Management of a Child Requiring an Arterial Line		
	Adheres to the local policy/guidelines in regards to documentation of care		
	Maintains confidentiality in respect to nursing records and interactions with the child and family member, as appropriate		
Practises within the limits of own competence and takes measures to develop own competence	Recognises own abilities and level of professional competence and practises in accordance with the Scope of Practice Framework Clarifies with the relevant person any unclear or ambiguous instructions received		
Holistic Approaches to Care and Integration of Knowledge	**Behavioural Indicators**		
Conducts a systematic holistic assessment of the child/family needs based in Family Centred Care and evidence-based practice	Assess the child's physical and psychological wellbeing		
	Continually monitors the child's levels of physical discomfort and pain, using appropriate assessment tools		
	In conjunction with the child and family identifies what play activities are appropriate and stimulating for the child		
Plans care in consultation with the child & family taking into consideration the therapeutic regimes of other team members	Prepares the child/family prior to the procedure, taking into consideration the plan of care required, ability of the child to process information, emotional wellbeing of the child and the individual needs of the family		
	Discusses the plan of care with the family members as appropriate, and is sensitive to the individual and cultural differences between families		
	Facilitates family members to speak to other members of the multidisciplinary team, as appropriate		

Continued on next page

Microsoft Word version available on CD

Example (Continued)

Implements planned nursing care/interventions to achieve the identified outcomes	Cares for the child with an arterial line in a manner that minimises the risk of any adverse event/problems associated with having an arterial line in situ		
	Demonstrates effective hand washing technique and prepares equipment for arterial line insertion correctly		
	Assembles the equipment needed to prime an arterial line and primes the arterial line effectively and safely		
	Calibrates the arterial line and can discuss how to maintain patency of the line		
	Prepares the correct equipment needed for blood sampling from the arterial line and obtains a blood sample from the arterial line in accordance with local policy and guidelines		
	Implements appropriate actions to minimise the risk of the line being accidentally removed by the child or by a member of staff or family member		
	Indentifies the indications for removal of the arterial line		
Evaluates child's progress toward expected outcomes and reviews plans in accordance with other data	Monitors the child's vital signs as appropriate and takes appropriate actions in the event of recording any negative change in the vital signs		
	Recognises any adverse outcomes associated with the arterial line and involves the relevant member of the multidisciplinary as appropriate		
	Evaluates all action and interactions and modifies care in the light of the evaluation and any change in the child's condition		
	Involves, as appropriate, the child and family in evaluating the outcomes of care given		
Interpersonal Relationships			
Establishes and maintains caring therapeutic interpersonal relationships with the child, family and healthcare team	Communicates effectively with the child and family prior to all procedures.		
	Recognises a child's distress and takes appropriate action promptly.		
	Sensitively responds to the family's concerns and questions and provides written and verbal information as appropriate.		
Collaborates with all members of the health care team and documents relevant information	Ensures all documentation regarding the care and management of the child with an arterial line are clear, concise and legible in the nursing notes		
	Demonstrates clear communication with all team members regarding the care and management of the child with an arterial line in place		

Continued on next page

Microsoft Word version available on CD

EXAMPLE (Continued)

Organisation and Management of Care			
Delegates to other nurses activities commensurate with their competence and within their scope of professional practice	Involves other team members, as appropriate, in the care of and management of the child commensurate with their level of experience and competence		
	Supervises junior staff in the care of the child with an arterial line and takes responsibility for care delegated		
Facilitates the co-ordination of care	Communicates, both verbally and in writing, the ongoing care and management of the child with an arterial line to other members of the team in a clear manner		
	Correctly labels blood samples obtained, and ensures blood samples are safely transported in a timely manner to the laboratory		
Personal and Professional Development			
Acts to enhance the personal and professional development of self and others	Demonstrates a commitment to life-long learning by keeping up to date with the changing evidence on arterial line care		
	Maintains own competence by participating in the care of the child with an arterial line or refreshes practical skills and knowledge through practice scenarios		
	Seeks regular feedback on performance from children, family members and colleagues in relation to the care given		
	Supports, supervises and teaches colleagues about the care and management of the child with an arterial line in place		
	Explains to others the potential risks of having an arterial line in place, and how to minimise those risks		

Microsoft Word version available on CD

References

Alberta Health Services 2009 *Enhancing Nursing Role Effectiveness Through Job Redesign,* A project funded by Alberta Heritage Foundation for Medical Research, Alberta.

An Bord Altranais 2005a *Requirements and Standards for Nurse Registration Education Programmes,* Dublin, An Bord Altranais.

An Bord Altranais 2005b *Requirements and Standards for the Midwife Registration Education Programme,* Dublin, An Bord Altranais.

An Bord Altranais 2007 *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority,* Dublin, An Bord Altranais.

An Bord Altranais 2008 Requirements and Standards for Nurse Education Programmes for Authority to Prescribe Ionising Radiation (X-Ray), Dublin, An Bord Altranais.

An Bord Altranais 2009 *Professional Guidance for Nurses Working with Older People,* Dublin, An Bord Altranais.

An Bord Altranais 2010 *Practice Standards for Midwives,* Dublin, An Bord Altranais.

Begley, C., Devane, D. & Clarke, M. 2009 *An evaluation of midwifery-led care in the Health Service Executive North Eastern Area: the report of the MidU study* [Online]. HSE. Available: http://www.hse.ie/eng/services/Publications/services/Hospitals/midwifery%20north%20east.pdf [Accessed 14 September 2010].

Benner, P. E. 1984 *From novice to expert: excellence and power in clinical nursing practice,* Menlo Park, California,, Addison-Wesley Pub. Co., Nursing Division.

Hatem, M., Sandall, J., Devane, D., Soltani, H. & Gates, S. 2008 Midwife-led versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews,* Art.No.:CD004667.DOI:10.1002/14651858.CD004667.pub2.

Health Service Executive 2010a *HSE National Service Plan 2010* [Online]. Available: http://www.hse.ie/eng/services/Publications/corporate/National%20Service%20Plan%202010.pdf [Accessed 13th November 2010].

Health Service Executive 2010b *A Guiding Framework for Education, Training and Competence Validation in Venepuncture and Peripheral Intravenous Cannulation for Nurses and Midwives,* Dublin, Health Service Executive.

Hughes, L. 2006 Closing the gap: a capability framework for working effectively with people with combined mental health and substance use problems (dual diagnosis). Mansfield: CCAWI.

KPMG (2008) *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area.* Available: http://www.hse.ie/eng/services/Publications/services/Hospitals/Independent_Review_of_Maternity_and_Gynaecology_Services_in_the_greater_Dublin_area_.html. (Last accessed September 14, 2010).

National Council for the Professional Development of Nursing and Midwifery 2006a *Development of Measurement of Nursing and Midwifery Interventions: Guidance and Resource Pack,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2006b *Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Intellectual Disability,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2007 *Clinical Nurse Specialist and Advanced Nurse Practitioner Roles in Older Persons Nursing,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2008a *Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2008b *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts : Intermediate Pathway,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2008c *Enhanced Midwifery Practice,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2008d *Enhanced Nursing Practice in Emergency Departments*, Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2008e *Clinical Supervision: A Structured Approach to Best Practice,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2009a *Service Needs Analysis: Informing Business and Service Plans, Dublin,* National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2009b *Guidelines for Portfolio Development for Nurses and Midwives,* Dublin, National Council for the Professional Development of Nursing and Midwifery.

National Council for the Professional Development of Nursing and Midwifery 2010 *Clinical Outcomes - Promoting Patient Safety and Quality of Care: Implications for Nurses and Midwives,* National Council for the Professional Development of Nursing and Midwifery.

National Health Service 2002 *A Route to Enhanced Competence in Perioperative Practice For Operating Department Practitioners and Nurses,* NHS UK.

National Health Service & Royal College of Nursing 2007 *Developing and sustaining effective teams,* London, Royal College of Nursing.

National Health Service Scotland 2005 *Competency framework for nursing staff working within the Scottish prison service,* NHS Scotland.

Royal College of Nursing 2009a *Competencies: A Competency Framework for Nurses working in Parkinson's disease management,* London, Royal College of Nursing.

Royal College Of Nursing 2009b *Sexual health competencies: an integrated career and competence framework for sexual and reproductive health nursing across the UK,* London, Royal College of Nursing.

Steinaker, N. & Bell, R. 1979 *The Experiential Taxonomy: A New Approach to Teaching and Learning,* New York, Academic Press.

Whiddett, S., Hollyforde, S. & Chartered Institute Of Personnel and Development. 2003 *A practical guide to competencies : how to enhance individual and organisational performance*, London, Chartered Institute of Personnel and Development.

Whiddett, S., Hollyforde, S. & Chartered Institute Of Personnel and Development. 2007 *Competencies,* London, Chartered Institute of Personnel and Development.

Appendix 1 Research team

TCD team:

Prof. Agnes Higgins	School of Nursing and Midwifery, Trinity College Dublin, 24, D'Olier St, Dublin 2.
Prof. Cecily Begley	School of Nursing and Midwifery, Trinity College Dublin, 24, D'Olier St, Dublin 2.
Dr Fiona Timmins	School of Nursing and Midwifery, Trinity College Dublin, 24, D'Olier St, Dublin 2.
Ian McGonagle	ESC Project Manager, Centre for Clinical and Academic Workforce Innovation, University of Lincoln.
Mary Nevin	Research Assistant, School of Nursing and Midwifery, Trinity College Dublin, 24, D'Olier St, Dublin 2.

Clinical team:

Sandra Delamere	Advanced Nurse Practitioner, St James's Hospital, Dublin.
Miriam Kelly	Midwifery Practice Development Co-ordinator, Our Lady of Lourdes Hospital, Drogheda, Co Louth.
Rachel Howe	CNM2 Clinical Facilitator – Child Health, AMNCH, National Children's Hospital, Tallaght.
Toni O'Connor	Advanced Nurse Practitioner, St Patrick Hospital, Dublin.
Philippa Ryan Withero	Acting Nurse Practice Development Advisor, AMNCH, Tallaght.
Deirdre Burns	Clinical Nurse Specialist, Cope Foundation, Cork.
Anne Lynott	Acting Director of Public Health Nursing, Public Health Nurse Services, HSE.
Martina McGuinness	Nurse Practice Development Coordinator, MHS, Dublin South-West.
Frances Nangle-Connor	Director of Nursing, Prison Services.
Michelle Russell	Assistant Director of Nursing- Nurse Practice Development Co-ordinator St. Mary's, Phoenix Park, Dublin.

International advisor:

Prof. Ian Norman	Professor & Associate Dean, School of Nursing & Midwifery, King's College London.

Appendix 2 Clinical sites and clinical leads

Site	Discipline	Clinical Lead
The Children's University Hospital Temple Street Dublin 1	Children's	Caroline O'Connor Nursing Practice Development
The Adelaide and Meath Hospitals Incorporating The National Children's Hospital (AMNCH) Tallaght Dublin 20	Children's	Rachel Howe CNM2 Clinical Facilitator Child Health
The Adelaide and Meath Hospitals Incorporating The National Children's Hospital (AMNCH) Tallaght Dublin 20	General	Phillippa Ryan Withero Acting Nurse Practice Development Advisor Elizabeth O'Neill Acting Clinical Nurse Manager
St James Hospital Dublin 8	General	Sandra Delamere ANP
St Francis Hospice Station Road Raheny Dublin 5	General	Kevin Connaire Director of Education
Galway University Hospital Newcastle Road Galway City	General	Edel Mannion CNM2 Nursing Practice Development Hannah Kent Practice Development Coordinator
Mayo General Hospital Westport Road Castlebar Mayo	General	Justin Kerr Assistant Director of Nursing
COPE Foundation Bonnington Montenotte Cork	Intellectual Disability	Deirdre Burns Early Intervention Team Leader

Site	Discipline	Clinical Lead
St Patricks University Hospital James Street Dublin 8	Mental Health	Toni O'Connor ANP Eating Disorders
MHS, Dublin South West HSE Dublin Mid-Leinster 2nd Floor, Block E Westland Park Nangor Rd, Dublin 12	Mental Health	Martina McGuinness Nurse Practice Development Co-ordinator
Coombe Women's Hospital Dublin 8	Midwifery	Angela Dunne Divisional Director
Our Lady of Lourdes Hospital Drogheda	Midwifery	Miriam Kelly, Midwifery Practice Development Co-ordinator
Area 3 Dublin South West Dublin South City 21/25 Lord Edward Street Dublin 2	PHN	Julie Lynch Director of Public Health Nursing
Area 5 HSE Dublin West Public Health Nursing Dept. Local Health Office Area Dublin West Cherry Orchard Hospital Ballyfermot, Dublin 10	PHN	Anne Lynott Acting Director Public Health Nursing
St Mary's Hospital Phoenix Park Dublin 20	General and care of the older person	Michelle Russell Assistant Director of Nursing-Nurse Practice Development Co-ordinator
Irish Prison Service Irish Prison Service HQ	General and Mental Health Nursing	Frances Nangle-Connor Director of Nursing

Appendix 3
Services that submitted examples of competency development activities

Our Lady of Lourdes Hospital, Drogheda, Co. Louth.

Adelaide and Meath Hospital, incorporating the National Children's Hospital, Dublin.

St James's Hospital, Dublin.

Roscommon County Hospital.

Waterford Regional Hospital.

Connolly Hospital, Blanchardstown, Dublin.

Mental Health Services, Dublin South East.

Cork University Hospital.

South Tipperary General Hospital Clonmel.

Waterford Institute of Technology.

Mid-Western Regional Hospital, Dooradoyle, Limerick.

Mayo General Hospital.

Ballyshannon, Co. Donegal, HSE West - NMPDU.

HSE Dublin North- NMPDU.

National Council for the
Professional Development
***of* Nursing *and* Midwifery**

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranais agus
an Chnáimhseachais

National Council for the Professional Development of Nursing and Midwifery
6-7 Manor Street Business Park, Manor Street, Dublin 7. t: 353 1 882 5300 f: 353 1 868 0366
e: admin@ncnm.ie w: www.ncnm.ie