Competence models: From theory to practical application

The 1985-1986 AANA Board of Directors formed an ad hoc committee charged with the development of a competence model for nurse anesthesia practice. Upon reflection, the committee determined that an initial facet of such a project would be the development of a conceptual framework of practice from which role specific competencies might be extrapolated. To develop such a conceptual framework, a strong statement of professional philosophy was essential. To aid in the preparation of the philosophy and the conceptual framework, a values clarification instrument was developed and dispersed nationally to a representative group of CRNA practitioners.

The resultant data assisted the committee greatly by defining and ranking the professional values of the practitioner. The completion of the processes described resulted in a set of documents which addressed the knowledge, understanding, skills, values, attitudes and interests of nurse anesthesia professionals. The conceptual framework of practice provided the basis for development of a definition of competence. This definition provided a rationale for evaluating competence as an accountability tool in nurse anesthesia practice.

Continued competence defined

The National Council of State Boards of Nursing, Inc. has defined continued competence as follows:

"Continued competence for nurses encompasses the ongoing ability to render safe direct nursing care or the ongoing ability to make sound judgments upon which that nursing care is based."

The evaluation of competence is a mechanism for professional accountability. The development of competence models and the delineation of role specific competencies for practitioners allows each of us to assess more closely our clinical accountability. Competence models are decision tools which describe the key capabilities required to perform a job. The concept of overall competence may be defined as the capacity to be adequate or sufficient in all respects to the task at hand. The concept of competence is value-laden in normal societal usage. We state that someone is a "good" clinician. Defining the facets that are essential to be able to apply the label of "good" to a practitioner is a knotty problem which certainly defeats simple definition.

A parameter of the total concept of competence is the attainment or possession of specific competencies. A competency is a single, observable or definable skill. Role specific competencies are then groups of related skills and abilities specific to a given situation or dynamic. Competencies may be classified as consisting of knowledge, skills, aptitudes, attitudes and intellectual strategies, such as problem solving and the ability to deal with ambiguity. The possession of role specific competencies
contributes to the attainment of the overall concept of competence or sufficiency to the task.

The need for development and implementation of models of competence results from the need and responsibility of a profession to describe the practice of its members. Agencies or individuals who license, regulate, certify, employ or contract for our professional services need to know what they can expect of a certified registered nurse anesthetist. As expressed in a Joint Commission on Accreditation of Health Care Organizations standard, “there must be a process to ensure competence by explicit specification rather than by implicit assumption.” We must document the effectiveness of the care given by controlled comparisons of anesthesia care practices within the profession as a whole.

The AANA model

The AANA model and competence statements as presently developed are documents which must now be implemented and tested for functionality and practical value. Once this has been done, research will need to be completed to determine the need for revision of the model. The finished document should assist the nurse anesthetist not only in a descriptive sense, but should provide a realistic guide for self-evaluation and/or peer review. Such a document will communicate to the consumer, the employing agency or the regulatory body, the knowledge, skills and abilities each practitioner should be expected to possess in order to provide competent care and specific setting. The advantage to the use of such a developmental document is that the finished product arrived at by each practitioner will be based upon standards of practice established by the profession, not by standards set by any external agency or organization.

The role specific competencies which have been developed contain only the tasks that entry level practitioners surveyed by the Council on Certification verified as being part of their practice. The document is not designed to define optimal practice in every setting, nor to excuse the practitioner from responsibility if a specific type of care which should have been rendered is not listed. Nurse anesthesia competency statements are designed to act as guidelines for the development of statements regarding individual, departmental and agency philosophies and standards for competent individual clinical practice. Each competency statement reflects skills and abilities needed for the realization of adherence to an identified standard of nurse anesthesia practice.

Practical application of the model demands that each practitioner review and selectively modify the competency statements to reflect the parameters of their personal practice setting while continuing to uphold the recognized standards of professional practice.

What the final document can do

Once developed, such a document can be used as a tool for the development of position descriptions, self-assessment of services provided, orientation of staff, performance appraisals, staff development and peer review. During the developmental phase of the evaluation statements, the practitioner and employer should jointly review the final instrument for congruence with actual desired standards within the institution. A natural progression from this point would be the development of institutional standards of care, as well as policies and procedures to guide the practice which has been identified. Quality assurance monitors also can be identified as the model is used to validate the anesthesia care given.

The forces which create functional standards of care in nurse anesthesia are the demands of society, the profession as a whole, new scientific and technological developments and legal interpretation and enactment. Nurse anesthetists have developed standards of practice reflective of our role in patient care and professional actualization. The use of competence statements which have been properly modified to reflect individual practice as peer review mechanism can be a strong indicator of professional autonomy.

It is essential that self-monitoring according to defined standards becomes as important as the efforts of external agencies to monitor practice. Self-evaluation in this fashion indicates to governmental agencies, regulatory bodies and the public at large that our profession is concerned with the provision of quality care. This process also indicates that we have the knowledge to provide such area and the standards and mechanisms by which to monitor it. The use of competency statements for evaluative purposes may be seen as a type of continuing validative mechanism for processes already present, such as certification, recertification, continuing education and professional standards review.

An additional use of the model and the competence statements may be in the educational process of students entering the field of nurse anesthesiology. Such statements may provide the faculty with a structure for course outline and a specific mechanism for monitoring and assessing the level of performance of students as they progress through the curriculum.

Utilizing competencies as evaluative or decision criteria is not new. Selection, development,
assessment and personnel planning are generally competency-based. The use of models and defined competency statements make criteria concrete and reliable across groups and various clinical applications. It is this difference that makes using competencies as criteria seem different.

The use of defined competencies can strengthen current practices by providing overall reliability and validity benefits. Use of this process demands an open-mindedness about the reasons for low competency ratings. While we can say that the presence of effective activity or practice indicates the presence of a specific competency, we cannot say that the lack of effectiveness means that an individual is incompetent to perform. What it does allow us to do is list all the possible reasons for nonperformance, develop and test hypotheses about the processes underlying apparently low competence, and recommend appropriate action. Open-mindedness and a problem-solving orientation are therefore crucial if this mechanism is to be an effective personal and professional development tool.

ADDITIONAL READING