



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Guideline for Competence Assessment

DRAFT

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Introduction

Competence assessment is one of the tools used by the Nursing Council to ensure initial and continuing competence to practise¹. Competence assessment is used to assess the following:

- Students at the completion of nursing programmes from New Zealand Nursing Schools,
- overseas nurses who undertake competence assessment programmes before registration to practise in New Zealand,
- nurses who wish to return to the workforce after five or more years away from practice at the completion of a competence assessment programme
- nurses who hold annual practising certificates but do not meet the continuing competence requirements
- nurses who are selected for individual audit of their continuing competence
- nurses required to demonstrate competence under a competence review process
- nurse practitioners chosen for re-certification audit.

Please note that the assessment processes used by Council approved PDRPs (Professional development and recognition programmes) may differ from the process outlined in this document. PDRPs may use other methods or a combination of methods of assessment to ensure validity and reliability of assessment .g. portfolio review by a trained assessor.

Purpose of the guidelines

The purpose of the guideline is to guide people assessing the competence of nurses.

The guideline is also intended to guide the nurse being assessed and make suggestions for preparing for self assessment.

Types of assessment

All assessments for the Council's purposes are to be completed using the competencies for the registered nurse, enrolled nurse or nurse practitioner scopes of practice. The competencies and assessment forms for each scope of practice can be found on the Nursing Council website www.nursingcouncil.org.nz.

A **senior nurse assessment** is completed by a nurse in a designated position e.g. an educator, team leader, coordinator, manager or director of nursing.

A **self assessment** is completed by a nurse after reflecting on the competencies for his/her scope of practice. More information on self assessment is included later in this guideline.

¹ See section on continuing competence at the back of the document.

A **competence assessment by a Council approved assessor** means that a nurse with skills in assessment is approved by Council before the assessment takes place. Information on the criteria for approved assessors is included later in this document.

Nurses who practise in isolation or who do not have a senior nurse may complete an assessment by another nurse (**a peer assessment**). A peer assessor must be an experienced registered nurse who has recognised clinical skills in the area of practice. This nurse will either work with the nurse or will have observed his/her practice for the purpose of making an assessment. More information for nurses working in isolation is included later in this document.

An **assessment of a student** in a nursing programme includes registered nurses completing competence assessment programmes. The student is assessed against the Council's competencies for their scope of practice by the programme co-ordinator in association with the preceptor at the conclusion of the clinical experience. The preceptor is a registered nurse with a minimum of 3 years experience who has completed a preceptor's/assessor's programme.

Nursing Council documents which support competence assessment

The Nursing Council has a number of other documents which support and inform competence assessment:

Code of conduct for nurses

Competencies for the registered nurse scope of practice

Competencies for the enrolled nurse scope of practice

Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice.

Guideline: Direction and delegation

Preparing to be assessed

If you are a nurse preparing to be assessed it is important to understand the criteria you will be assessed against. For the Council's purposes these will be the Nursing Council competencies for your scope of practice. We suggest that you do the following to prepare yourself:

- review the competencies and indicators, think of specific examples of where you met each competency
- think about what you do well, what you could improve
- gather any documentation relevant to your practice e.g. professional development records/ certificates, your job description, letters of attestation, samples of care plans / progress notes, reflections / exemplars / case studies, evidence of membership of organisations, a portfolio if you have one.
- Complete a self assessment of the competencies (see below)

When you have completed this preparation you will need to identify a senior nurse or a suitable peer who can complete your assessment²

- identify an appropriate assessor and arrange appropriate times for the assessment. This may include time for the assessor to complete a document review, observe your practice and to interview you about your practice, get feedback from your colleagues and then to give you feedback on the assessment.

We advise you to

- clarify the assessors expectations of the assessment process
- practise receiving feedback about your professional practice
- assume the best intentions
- see feedback as an opportunity to learn

We encourage you to reflect on the feedback given to you by an assessor as this process may reveal both your strengths as a nurse and areas in your practice where further professional development is required.

Self Assessment

How to self assess? Carefully read each competency and think of and document examples as to how you demonstrate this in practice. If you are unclear, look at the indicators. It may be helpful to discuss with colleagues from the same setting as yourself. The Council competencies are generic and every competency applies to all settings. If you need to learn more about a competency or consider you do not apply it in practice, consider if there are any specific standards or other documents to inform your assessment. E.g. nurse working in maternity may have access to the baby-friendly hospital standards, mental health nurses may have national standards relating to recovery principles.

² Nurses practising in isolation or without a senior nurse or those who must have a Council approved assessor please refer to these sections of the document

You may also need to review some literature or a policy or consult a mentor. In this way the competency assessment contributes to ongoing quality improvement.

Assessing another nurse

If you have been asked to complete an assessment for another nurse first of all clarify what the assessment is for and whether it is appropriate for you to complete the assessment. **It is not appropriate to complete assessments for close friends and family members.** You may also need to clarify whether the assessment is to be completed by a senior nurse, preceptor, peer assessor or Council approved assessor. We recommend that you do the following to prepare for the assessment.

- identify that you have the appropriate tool (i.e. Nursing Council assessment form for the right scope of practice)
- make sure you understand the competencies and indicators
- prepare an assessment plan (consider time for document review, observation of practice, discussion and giving feedback - what order and when, timing, resources and any special needs of the nurse being assessed or the environment)
- have a pre-assessment discussion with nurse clarifying expectations
- make sure the environment / context is prepared
- gather evidence – you need enough evidence to be sure the standard is met
- discuss the assessment with your line manager

The type of evidence you will need may include the following:

- direct observation of practice
- an interview with him/her to ascertain nursing care in different scenarios
- evidence provided by him/her including self-assessments, exemplars or examples of practice
- reports from other nurses and other health professionals.

Assessments should be comprehensive and not solely based on the observation of clinical procedures or on the nurse's communication with health consumers and/or their families. Observation of practice can be everyday practice, a specially created practice situation, or your knowledge of his/her prior performance. Consideration of information gathered from at least three sources i.e. triangulation of evidence can enhance the reliability of the conclusions reached.

Assessors should reflect on what is a “competent nurse” and how he/she practises in the particular setting. Each competency has a number of indicators which are not exhaustive and are for guidance only. Some organisations have performance criteria which describe the intent of each competency. Council staff are also available for advice. See also www.nursingcouncil.org.nz.

The assessor may comment on any of the following attributes in relation the Nursing Council competencies: knowledge, skill, behaviour, attitudes and values. Each competency must be assessed

Each comment made by the assessor against a competency needs to provide specific **evidence** as to how the nurse meets (or does not meet) each competency.

The assessment must be signed and dated by the nurse and assessor or verifier and provide at least one example or action by the nurse in support of each competency. This can range from habitual practice to role modelling how to handle unusual events to peers.

An important note to the nurse being assessed: Please ensure the assessor makes a different comment on every competency, does not repeat the competency itself, and writes in the Met/Not Met column.

At the end of the assessment:

- Give feedback (commend, recommend, commend) – explain achievement / identify and discuss areas where competencies are not met, discuss how to achieve competencies, develop a plan for improvement
- It may be appropriate to discuss areas for development or overall career direction
- A comment that supports the assessment, indicating the evidence on which the assessment is based, is required for each competency.

If assessors are uncertain as to requirements the Council suggests seeking advice from others with knowledge and experience. Such expertise may include PDRP assessors and coordinators, trained preceptors, and professional organisations such as NZNO, College of Nurses Aotearoa, and the College of Mental Health Nurses. Please see section *Principles for assessing the practice of other nurses* (page 9) for more information on assessor preparation before undertaking assessment.

Assessments for nurses working in management, education, research and policy.

Special forms are available from the Council website for competencies 2.1-2.9 and 3.1-3.3 inclusive for nurses working in management, education, research and policy.

Nurses in some roles (for example, clinical nurse educators with responsibility for patient care) must complete competencies for their specific educator role **as well as** clinical competencies.

Guidelines for nurses working in isolation

Nurses who do not work alongside other registered nurses may utilise different processes to demonstrate competence. All of the principles of assessment apply to all assessments. The following activities are not prescriptive or exhaustive and are intended as suggestions only.

- Use professional groups or corporate networks to identify suitable assessors.

- More than one assessor can be used in a single assessment for nurses working in isolation. Each assessor should identify which domains/competencies they are assessing against and clearly provide examples or actions as well as signing, dating and giving their designation and position. Each competency must be declared “met” or “not met,” and each page initialled.
A statement should be provided to the Council explaining the circumstances of why more than one assessor is being utilised
- If payment has occurred to enable an assessment, this must be disclosed.
- Peer assessment in ongoing group settings can occur. These groups must have documented minutes, and may, for example, review one domain of practice at each group meeting.
- Nurses may provide to the assessor presentations, copies of audits of notes, case reviews, care plans and other “samples” of evidence such as a company performance appraisal provided the usual requirements for client confidentiality are met. It is not necessary to send these documents to the Council.
- Nurses who are contractors may find an assessor as a registered nurse in the contracting organisation, or, alternatively, peers who undertake similar work. Verification of practice hours may be verified by an estimation of hours from an appropriate verifier in the contracting organisation, as well as verification of completion of the contract.

Council approved assessors:

In some circumstances the Council requires the assessor to be a Council approved in advance of the assessment. Criteria to be a Council-approved assessor are that the assessor must:

- be a registered nurse in good standing with Council and will hold a current practising certificate
- have at least three years post-registration clinical experience in the area the assessment is to take place

and have at least one of the following;

- an adult teaching certificate or diploma
- experience as a nurse lecturer in an approved undergraduate nursing programme
- evidence of undertaking a preceptor programme or clinical teaching programme which includes learning on assessment
- unit standards from the New Zealand Qualifications Authority workplace assessor training
- demonstrated equivalency of any of the above.

Principles for assessing the practice of other nurses (adapted from ANMC, 2002)

As with all activities in practice, assessments should only be undertaken by those who understand the requirements of the activity. Each competence requires an example or evidence of an action or knowledge by the nurse being assessed which illustrates one or more of the indicators. Throughout New Zealand training is available in assessment for nurses who need to develop their understanding of the nature of workplace assessment.

Although the principles of assessment are the same, the complexity and nature of evidence and the professional assessment judgement required may be expressed differently in different clinical settings and with nurses with different career trajectories. For example a nurse who regularly assesses students at the end of the same degree programme will become very familiar with the competency outcomes in the same setting. However, when assessing an experienced new employee with a background unfamiliar to the assessor, development of the assessor's skills and processes such as training needs analysis may also be required.

Nurses involved in assessment (both assessor and the person being assessed) are always obligated by the ethical standards of their profession.

Self appraisal in the following order is suggested as a guide, particularly for those new to assessing others. The following self review questions are designed to assist the assessor in understanding the ethical principles involved and how they may be assured they have undertaken an ethical, rigorous and fair competence assessment of a colleague or employee.

1. Contextual assessment:

- what is the setting (e.g. the name and nature of the ward or clinic)?
- how does the setting influence the expression of the competencies?
- does the assessor have sufficient knowledge and understanding of the setting, the Nursing Council competencies and indicators to make a judgement about another's practice?

2. Ethical assessment:

- does the assessor have sufficient understanding to use professional assessment practices (e.g. interviewing, use of simulations, auditing, and document review)?
- is there mutual respect, honesty, rigour and trust in the assessment and documented feedback process?
- does the assessor reflect on the ethical implications of the assessment?
- what organisational supports are available to assist those nurses undertaking assessments?
- does the organisation have review and quality improvement procedures to address issues and provide scrutiny of results?

3. Accountability. Does the assessor:

- maintain confidentiality and disclose only through appropriate channels?
- declare any conflict of interest?
- report in a timely fashion and maintain standards of documentation?
- engage in quality improvement of their own performance as an assessor?
- provide feedback according to best professional practice?

4. Validity and reliability of assessment:

- does the assessment actually measure what is intended? Does the assessment process measure the nurse against the Council competencies?
- does the assessor have an understanding of the intended outcomes of the **competencies** and the **indicators** in the context(s) in which the nurse is practising?
- is the assessment consistently applied across the whole process?
- would another assessor predict the same results for the same behaviours, knowledge, skills and attitudes/ attributes?

5. Evidence-based assessment.

- does the assessor have sufficient evidence?
- is there a variety of data sources? E.g. observation of actions or documentation, interviewing, attestation by reliable informants, and/or testing, either paper-based or in simulation.
- are any inferences checked to validate the assessment judgement?
- is there enough evidence over a sufficient timeframe to predict that the person being assessed will perform the same way in similar situations and context(s)?

Continuing competence requirements

In the interests of public safety, nurses must be competent to practise. Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse. All practising nurses must maintain their competence to practise by:

- completing 60 days or 450 hours of practice in the last three years
- completing 60 hours of professional development in the last three years
- being able to meet the Council's competencies for their scope of practice.

Individual nurses are expected to retain evidence of their continuing competence. Applicants for practising certificates are asked to declare whether they have met these requirements each time that they renew their annual practising certificate. Applicants who do not meet all the requirements may be issued with an interim practising certificate with conditions placed in their scope of practice until they achieve the standard of competence. Five percent of nurses renewing their practising certificates each year are randomly selected to provide evidence of their competence to practise as part of the individual recertification audit (for further information refer to the Nursing Council website).

References

- Australian Nursing Council (2002), *Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses*. ANC.
- College of Nurses of Ontario, (2001). *Competency Review Tool for Nurses in Direct Practice*. College of Nurses of Ontario.
- Taranaki District Health Board, (2010) *Professional Development and Recognition Programme*. TDHB
- Nursing Council of New Zealand, (2009) *Code of Conduct for nurses*. NCNZ
- Nursing Council of New Zealand, (2009) *Competencies for registered nurses*. NCNZ.
- Nursing Council of New Zealand, (2010) *Competencies for the enrolled nurses scope of practice* NCNZ
- Nursing Council of New Zealand, (2009) *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*. NCNZ.
- Nursing Council of New Zealand, (2008) *Guideline: Direction and delegation*. NCNZ

Glossary of terms

Accountability	Being answerable for your decisions and actions.
Appropriate	Matching the circumstances of a situation or meeting the needs of the individual or group.
Assessment	A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.
Collaborate	Work together, co-operate with each other.
Competence	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
Competent	The person has competence across all domains of competencies applicable to the nurse at a standard that is judged to be appropriate for the level of nurse being assessed.
Competency	A defined area of skilled performance.
Domain	An organised cluster of competencies in nursing practice.
Effective	Having the intended outcome.
Enrolled nurse	A nurse registered under the <i>enrolled nurse</i> scope of practice.
Indicator	Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgment in assessing nursing practice. They further assist curriculum development.
Nurse	A registered nurse, nurse practitioner or enrolled nurse.
Nursing Council of New Zealand	<p>The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act (2003).</p> <p>The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration, which ensures safe and competent care for the public of New Zealand.</p>

As the statutory authority, the Council is committed to enhancing professional excellence in nursing.

Performance criteria

Descriptive statements that can be assessed and that reflect the intent of a competency in terms of performance, behaviour and circumstance.

Registered nurse

A nurse registered under the *registered nurse* scope of practice.

Reliability

The extent to which a tool will function consistently in the same way with repeated use.

Validity

The extent to which a measurement tool measures what it is supposed to measure.