Managing people

Assessing staff’s on-going competencies

This article continues to build on the first 2 articles in this series, published in the June and July issues. The first article gave an overview of the performance management process. The second article covered the job description, initial competencies, orientation, and goal setting. This article focuses on on-going competencies.

Our patients and families expect that the staff who are caring for them are competent to provide the highest level of care and to use the technology available appropriately to the best of their ability. In addition, regulatory agencies expect that we ensure the competency of our staff members.

Have you ever had an employee tell you during a performance enhancement session that he or she was not told about a particular aspect of the job when hired? Or say, “We didn’t do it that way last year.” Donna Wright, RN, BSN, MS, in her book, The Ultimate Guide to Competency Assessment in Health Care, states, “Competency assessment is the process of providing ongoing evaluation of the skills needed to carry out functions. Because competency assessment is an ongoing, dynamic process, it will constantly change to meet the demands of the health care environment.”

A dynamic process

A good competency assessment program begins with a clearly defined and stated organizational direction. The competencies instituted for the year then need to assist employees to move in that same direction.

This effort requires competency assessment to be a dynamic not a static process. Competencies will change every year (or according to the time frame set by the organization). They will also be based on changes in the strategic direction of the organization and on changes in the environment. Individual competencies can be broad, focusing on the strategic direction of the organization, such as diversity, or they can be specific, focusing on the details of how to use a piece of equipment or perform a safety process within the OR.

On-going competencies should be based on new or changing initiatives, procedures, and patient populations. They should also focus on high-risk or problematic areas as defined by your quality assessment process. They should not be a redo of initial competencies or a repeat of the same subject matter every year. Some exceptions may include competencies repeated every 2 to 3 years for high-risk, problem-prone subjects such as electrosurgery or sterilization and disinfection.

Developing competencies

Competency development starts with assessing what has changed since the last set of competencies was put in place. In some organizations, the staff educator or central education staff takes the lead in development of competencies. In others, the manager may be the person responsible for development.

In either case, the manager and/or educator should meet with incumbents in the job role for which the competency is being written. They then should work systematically through a process for deciding on what competencies should be enacted. This group should brainstorm about the needs of the job role in the following areas:
## Worksheet for identifying ongoing competencies

<table>
<thead>
<tr>
<th>Job class</th>
<th>____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept/area</td>
<td>____________</td>
</tr>
<tr>
<td>Date</td>
<td>____________</td>
</tr>
</tbody>
</table>

**Step 1:** Brainstorm staff needs in each of the categories listed below.

**Step 2:** Prioritize those needs and choose which ones the organization will focus on.

### Competency needs:

<table>
<thead>
<tr>
<th>Priority:</th>
<th>High, Medium, Low</th>
</tr>
</thead>
</table>

**What are the NEW procedures, policies, equipment, initiatives, etc, that affect this job class?**

**What are the CHANGES in procedures, policies, equipment, initiatives, etc, that affect this job class?**

**What are the HIGH RISK aspects of this job?** (High risk is anything that would cause harm, death, or legal actions to an individual or the organization.)

**What are the PROBLEMATIC aspects of this job?** (These can be identified through quality management data, incident reports, patient surveys, staff surveys, and any other form of formal or informal evaluation.)

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*Try to limit your focus to 10 or fewer competencies each year. Trying to focus on more than that can be confusing and overwhelming for both staff and leaders.*

**Reminder:** Are there any age-specific aspects in any of the priority areas listed above? Add age-specific aspects to a competency selected above, rather than creating a separate age-specific competency. You can also consider cultural and other population-specific aspects.

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• new procedures, policies, equipment, and patient populations
• changes in policies, procedures, and services provided
• high-risk aspects of the job
• problematic aspects of the job.
(See Wright’s worksheet on p 23 for developing ongoing competencies.)

Setting priorities

Once this list is complete, prioritize the items to keep the number of competencies manageable. When prioritizing, keep in mind that all 3 domains of skill should be assessed during each competency period. These domains, identified by Dorothy del Bueno in her article, “Implementing a competency-based orientation program,” are:
• technical
• critical thinking
• interpersonal.

Keep in mind that more than one domain can be assessed by certain competencies, so there is no need always to have 3 competencies that cover each domain separately.

Examples of categories in each domain suggested by Wright are:
• technical: Cognitive skills, psychomotor skills, and technical understanding (the ability to follow directions and carry out procedures)
• critical thinking: Problem solving, time management, and priority setting
• interpersonal: Communication, customer service, and conflict management.
(See the Domains of skill diagram in the June OR Manager, p 24.)

The best method for assuring that age, culture, and safety are assessed during each competency period is to pay attention to integrating them into the competencies that have been decided upon from the exercise on brainstorming and prioritizing. For example, include a question about placement of a grounding pad on a small child in the competency related to electrosurgery.

Verifying competencies

Once your group has decided on competency topics and considered age, culture, and safety for each one, decide how to verify that the person taking the competency can be deemed to be competent.

Among verification methods Wright suggests are: “tests, return demonstrations, observation, case studies, exemplars, peer reviews, self assessments, participation in discussion groups, presentations, mock events, quality improvement monitors.” Malcolm Knowles, in his book The Adult Learner, asserts that “the core premise of learning style is that individual learner preferences will lead to learners being less effective in learning situations that require them to leave the comfort of their preferred learning strategies and styles.” In other words, because adults have different learning preferences, it’s important to provide for more than one method of verification for each competency.

Communicating with the staff

The reason for on-going competencies needs to be carefully and completely explained to the staff. Expect questions and some pushback from staff when first implementing on-going competencies. Highly tenured staff may feel it is an affront to their many years of successful patient care to be asked to participate in activities that demonstrate their competence. They may ask, “What if I’m deemed to be not competent?” Develop a plan for dealing with all possible outcomes of competency assessment at the outset and articulate it to the staff.

Communicate with the staff as each competency is introduced. Include the background reasoning for the competency; for example, the competency may have been identified through the QI process or may be needed because a new procedure or equipment has been introduced. For example, a recent QI study on hand-off communication in the postanesthesia care unit shows that though the appropriate policy and forms are in place, the staff is not completing the process completely in every instance. You decide
to develop a competency to address all aspects of hand-off communication.

Or perhaps your organization is about to start a new gynecologic oncology program. You and your team decide to develop a comprehensive competency that introduces the staff to the patient population and their physiological issues and prepares the staff for the preoperative, intraoperative, and postoperative care that will be required.

It’s also important to communicate where to find the competency in order to complete it, how to complete it, and the timeline for completion. Staff also need to understand the ramifications of not meeting the deadline for completion or failing to be deemed competent.

**Providing remediation**

What happens if a staff member is found not to be competent in a certain area? On-going competencies are not like being in school where you must attain a certain grade with no chance to repeat without failing the course. The educator or manager can provide remediation for those staff who have difficulty completing a particular competency. It could be that the methods of verification don’t fit how a particular staff member learns. It may take some individual instruction for certain staff members to be successful on specific competencies. Considering the cost of orientation and the difficulty with filling some positions, the time spent remediating a staff member to complete a competency pales in comparison.

A report of competencies completed at the end of the competency period needs to occur for each staff member. (See sample form in OR Manager Tool-box at www.ormanager.com.)

If a staff member is not yet deemed to be competent for a particular competency, an action plan that outlines the steps to be taken to achieve competency should be attached. (Action plans will be discussed in a later article in this series.) Keep these tracking forms in the department so they are available for follow-up. Copies should also be sent to a central location, such as the human resources or centralized education department. The Joint Commission and other regulatory agencies will ask to see these competency summaries.

A successful competency program is based on the strategic direction of the organization as well as a review of new or changed processes and incorporates significant input from the staff. An effective competency assessment program will allow for the delivery of safe, quality care to patients as well as enhance the work environment for staff members.

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**References**

