The Competency Model

If you are considering the Competency Model, reviewing this presentation will assist you
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Consultant, Center to Champion Nursing in America
Need Education for Campaign to Succeed!

- Education
- Diversity
- Data
- Practice
- Collaboration
- Leadership
Advancing Education Transformation at CCNA

- IOM report calls for education transformation
- CCNA’s 31 State Teams focused on education capacity
- Education Learning Collaborative
- Four Promising Models
- Strategic Activation
- APIN and SIP

Higher Educated Nursing Workforce
Four models emerged as most successful:...

- RN to BSN awarded by the community college
- Shared state or regional curriculum
- RN to MSN
- Competency-based state or regional programs
The Competency-based State or Regional programs

Dr. Maureen Sroczynski,
President/CEO Farley Associates, Inc
Common Components of the Competency Model

- Partnerships of community colleges and four year programs
- Partnerships of nursing programs can reach beyond states or local regions
- Involving practice partners provides for increased linkage between education and practice
- Partners universally agree on the outcomes or competencies
- A substantial number of students in a state, region or partnership can be served with the development of this model
- Successful models provide seamless streamlined programs
- The competency based model can serve as the foundation for moving to a shared curriculum or accelerated model
All health professionals should be educated to deliver patient centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.
Competency Model Process
Outcome Focused, Individualized by State or Region

Agreement on Competencies

Diploma, ADN, BSN Nursing Programs & Practice Partners

Gap Analysis Process of Curricula

Designing New Models by Addressing the Gaps

Implementation of Seamless Progression Curriculum Models

Evaluation and Updating of Competencies
Competency Model Process

Agreement on Competencies

• Engage school administration in plan for curriculum redesign early on in the process
• Can select from various competencies
  • Develop your own
  • QSEN
  • Nurse of the Future
• Align all with AACN Essentials for Baccalaureate Education and NLN AC Competencies
## Quality Improvement

The Nurse of the Future will use data to monitor outcomes and care processes, and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Attitudes/behaviors</th>
<th>Skills</th>
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<tbody>
<tr>
<td>Describes the nursing context for improving care</td>
<td>Recognizes that quality improvement is an important part of being a nurse.</td>
<td>Actively seeks information about quality improvement from relevant institutional, regulatory and local/national sources.</td>
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<tr>
<td>Understands that the nurse and care delivered is part of a broader health care system.</td>
<td>Recognizes that interdependent relationships and a professional work process are important to quality improvement.</td>
<td>Participates in the use of quality improvement tools (such as flow charts, cause &amp; effect diagrams) to make processes of care interdependent and explicit</td>
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<tr>
<td>Explains the importance of variation and measurement in providing quality nursing care.</td>
<td>Appreciates how unwanted variation affects care and how standardization can support quality patient care.</td>
<td>Participates in the use of quality measures (such as control and run charts) to assess performance and identify gaps between local and best practices.</td>
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<tr>
<td>Describes approaches for changing processes of care in which the learner is involved.</td>
<td>Recognizes the value of what individuals and teams can do to improve care.</td>
<td>Participates in the use of measures to evaluate the effect of changes in the delivery of care.</td>
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## Core Competency Comparisons

<table>
<thead>
<tr>
<th>IOM</th>
<th>ACGME</th>
<th>QSEN</th>
<th>NOF</th>
<th>New York</th>
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</thead>
<tbody>
<tr>
<td><strong>Apply Quality Improvement</strong></td>
<td>Practice based Learning &amp; Improvement Systems Based Practice</td>
<td>Quality Improvement Safety</td>
<td>Quality Improvement Safety Systems based practice</td>
<td>Quality and Safety Clinical Judgment</td>
</tr>
<tr>
<td><strong>Provide Patient-Centered Care</strong></td>
<td>Patient Care Interpersonal &amp; Communication Skills</td>
<td>Patient Centered Care</td>
<td>Patient Centered Care Communication Leadership</td>
<td>People Centered Care Communication Management of Care</td>
</tr>
<tr>
<td><strong>Work in Inter-Disciplinary Teams</strong></td>
<td>Professionalism</td>
<td>Teamwork and Collaboration</td>
<td>Teamwork and Collaboration Professionalism</td>
<td>Professionalism Collaboration</td>
</tr>
<tr>
<td><strong>Employ Evidenced-Based Practice</strong></td>
<td>Medical Knowledge</td>
<td>Evidence based practice</td>
<td>Evidence based practice</td>
<td>Evidence-based Practice</td>
</tr>
<tr>
<td><strong>Utilize Informatics</strong></td>
<td>Informatics</td>
<td>Informatics</td>
<td>Informatics</td>
<td>Informatics</td>
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</table>
Partnerships of Diploma, AD, BS Nursing Programs & Practice Partners

- Practice partners bring insight into current healthcare environment and clinical learning opportunities
- May begin with “coalition of the willing”
Competency Model Process

• Technique for determining the steps to be taken in moving from a current state to a desired future state.

• It begins with the present situation ("what is"), (2) cross-lists factors required to achieve the future objectives ("what could be"), and then (3) highlights the ‘gaps’ that exist and need to be 'filled.'

• Diploma, AD and BS programs assess curriculum against competencies

• The detail on this process is provided in a separate webinar
The 3 “C” Process

Communication

Collaboration

Common Understanding
• May be designed at undergraduate level or within RN to BSN programs
• May involve dual or co-admission
• May involve assessment and/or alignment of prerequisites, general education requirements and credit transfer issues which will necessitate involvement of school administration
Competency Model Process

Implementation of Seamless Progression Curriculum Models

Competency based models:
• Provide for seamless progression
• Can also serve as foundation for shared or common curriculum models
• Can be used to streamline and update RN to BSN programs
• Some models based on 1 plus 2 plus 1 approach
• Some states have begun with a cohort approach that can be expanded within a system or across the state or region
Challenges of the current healthcare environment will necessitate review and updating.

All competency models must align with current accreditation standards.
This process addresses the fact that education and practice do not always speak the same language.

Practice needs be involved early in the review and development of new curriculum models.

Diploma, AD and BS programs all have gaps in reviewing current competency models.

Divergence and convergence are part of the process.

Iterative process of innovation.
Education Transformation

- We are all focused on the same goal: Increasing the supply of BSN and doctorally prepared nurses
- Each state is moving at its own pace
- CCNA wants to provide support as states continue progress toward education transformation

“This is a marathon, not a sprint”
Don’t be left behind!
MAGIC FROG
A New Perspective
What would Florence Say

“For us who nurse, our nursing is a thing which, unless we are making progress every year, every month, every week, take my word for it, we are going back.”
For more information on the Competency Model contact:

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