



**PRINCIPLES
FOR THE
ASSESSMENT OF
NATIONAL COMPETENCY
STANDARDS
FOR REGISTERED AND
ENROLLED NURSES**

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ANC Principles for Assessment

1. Glossary

ANC	Australian Nursing Council (now the Australian Nursing and Midwifery Council)
ANRAC	Australasian Nurse Registering Authorities Conference (now ceased).
Assessor	A person who is educated in assessment of performance, is experienced in the nursing performance being observed and has demonstrated skills in analysis, interpretation and evaluation of elements of the assessment process.
Attributes	Characteristics that underpin competent performance.
Competence	The combination of skills, knowledge attitudes, values, and abilities that underpin effective performance in a professional/occupational area.
Competency	An attribute of a person which results in effective performance.
Competent	The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of the nurse being assessed.
Context	The setting /environment where competence can be demonstrated or applied, for example, hospital, residential, community, school.
Cues	Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.
Exemplar	Concrete, key examples chosen as typical of competence. They are not the standard but are indicative of the standard.
Evidence-based Assessment	An assessment based on evidence which justifies an assessment judgement.
Inference	A judgement about the presence of a competency embedded in practice but not actually directly observed in any one behaviour.

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Nurse Candidate	A person whose performance is being assessed against the ANC National Competency Standards to determine eligibility for registration/enrolment. A Nurse Candidate may be a person undertaking a nursing course; a nurse who gained qualifications overseas and wishes to practise in Australia; a nurse who wishes to return to the workforce after being out of work for a defined period or a qualified nurse who is required to show competency to continue work.
Observation	Observed or inferred from observed behaviour.
Person	The recipient of nursing care during the assessment process.
Professional Judgement	The use by an assessor of significant cues which infer a nurse is competent in a particular competency or competencies.
Reliability	The consistency or accuracy of the outcome of the assessment process.
Tacit Knowledge	The assessors' real or understood knowledge of the expected standard of performance.
Validity	The extent to which assessment meets the stated purposes and achieves its intended outcomes.

Acknowledgment

*The content of this document draws on the content of two publications **Using the ANCI Competencies: An Assessment Kit** (1993) and on the original **Nursing Competencies Assessment Project: Report to Australasian Nurse Registering Authorities Conference** (ANRAC) (1990).*

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2. Purpose

The purpose of this document is to provide a resource for people assessing the competence of nurses and for nurses whose performance is undergoing assessment. The information provided in this document is designed to give guidance when assessing competence against the Australian Nursing Council National Competency Standards for Registered and Enrolled Nurses.

3. Introduction

Assessment of the ANC National Competency Standards is considered by the Australian nurse regulatory authorities to be important to ensure initial and continuing competence. The assessment process is needed to determine the eligibility for registration or enrolment of people who have undertaken nursing courses in Australia; determine the eligibility for registration or enrolment of people who wish to practice in Australia but have undertaken nursing courses elsewhere; assess nurses who wish to return to work after being out of the workforce for a defined period; and to assess qualified nurses who are required to show they are fit to continue working

4. Critical Issues in Assessment of Performance

The following section identifies the critical issues in assessment of performance against the ANC National Competency Standards. These issues underpin the Principles of Assessment identified later in this publication.

Accountability

The assessor is **accountable** to the profession and to an appropriate authority for making a valid assessment about a nurse candidate's performance and for recommending that the nurse candidate being assessed meets the competency standards required. Therefore the notion of validity and reliability in the assessment process becomes essential in relation to public interest and safe practice. The assessor has a responsibility to keep confidential the information obtained in the assessment process or when appropriate, use proper mechanisms to share information about the assessment. Any existing conflict of interest held by the assessor must be declared and in cases where impartiality can not be assured assessors will withdraw from the assessment process.

Assessment of Performance

With the introduction of the ANC National Competency Standards there has been a shift to an emphasis on assessment of total performance, which includes knowledge, skills and attributes, away from assessment procedures biased towards assessment of knowledge and the use of checklists in clinical settings. Regulatory authorities have a responsibility to ensure the assessment model focuses on knowledge, and clinical performance that is closely related to the demands of the practice situation. Assessment of practice is considered to be a

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valid form of assessment of core competencies for licensing of nurses as it provides a global assessment of the nurse candidate's knowledge, skills, attitudes, values and abilities. The ANC National Competency Standards have been classified into four (4) domains of practice; *Professional and Ethical Practice; Critical Thinking and Analysis; Management of Care and Enabling*. This categorisation should assist assessors in the assessment process. Clinical competence is performance based and therefore the assessment must be carried out by assessors in the context of the practice setting.

Contextual Based Assessment

Given the complex nature of nursing practice the ANC competency standards have been developed as broad holistic statements, which inter-relate in a manner determined by the nursing context. Nurse regulatory authorities recognise that the nature of professional nursing practice is such that to attempt to evaluate competence in a single and narrowly prescribed procedural assessment model, fails to recognise the multifaceted nature of nursing practice and the comprehensive knowledge required.

The context in which assessment of competence occurs is considered to be an essential component in the competency standards assessment framework. The practice setting involves many contextual factors that cause the nurse candidate being assessed to respond in a particular way. Performance of the nurse candidate can be influenced by the relationship with the person receiving nursing care and by the behaviour of others in the practice setting. It is important that assessors take the contexts into account during the assessment processes.

Evidence Based Assessment

The role of assessment is to arrive at a conclusion about satisfactory levels of performance; it must therefore be evidenced based. Assessment of professional competence using a competency standards framework involves assessors using their professional judgement in deciding the competence of nurse candidates. This method of evidenced based assessment is based on a model of evidence based professional judgement. This involves the recognition and use of significant cues, which infer that a nurse is competent in a particular competency or a number of competencies.

The process of assessing competence requires an accumulation of data, or evidence about performance over a period of time and in a range of nursing situations. Through working with and observing the nurse in the practice context, the assessor gathers pieces of evidence about the nurse candidate's practice. The assessor puts these pieces of evidence together and draws inferences about competence. During assessment, inferences are made about performance and related knowledge, attitudes and skills of the nurse candidate. Inference entails a judgement about the presence of a competency embedded in practice but not actually directly observed in any one behaviour. Inferences should always be checked in order to give validity and rigour to the assessment. This process of drawing inferences and using tacit knowledge allows the assessor to form a conclusion about the practice and

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subsequent competence of the nurse candidate. In using tacit knowledge the assessor is a human assessment instrument. The only 'tool' required by the assessor is a method of data collection, for example pen and paper for observation, documentation and reference to the competency standards when analysing the assessment data. For tacit knowledge to be used confidently as a basis for assessment it is essential that assessors have a full understanding of the expected standard of performance.

The judgement about whether a nurse candidate has reached a satisfactory standard of performance is based on the interaction between the assessor's comprehensive knowledge of the expected standard of performance and the interpretation of the assessment data, including the context within which it is collected. It is the assessor's tacit knowledge that enables the judgement of quality. Therefore the assessors of performance must be experienced in their field of practice and the assessment of competence.

The ANC supports the assessment technology model, which was identified in the 1990 ANRAC Nursing Competencies Assessment Project. In the revision of the Registered Nurse Competency Standards project undertaken during 1997/98 the model was reaffirmed and recommended as a current assessment process. The assessment technology model provides a guide to assessors in making judgements about a nurse candidate's competence prior to recommendation for licensure by a nurse regulatory authority. The ANC publications, National Competency Standards for Registered Nurses and Enrolled Nurses contain examples of assessment technology, namely **competency elements** and **cues** for each competency statement. This assessment model relies on assessment judgements involving the use of:-

- **tacit knowledge**
- **competency elements**
- **cues** which are selected concrete examples of activities illustrative of the competency standard

Key Elements in Assessment Model

- self-assessment by the nurse candidate
- observation by the assessor of the nurse candidate
- interviews by the assessor with the others in the setting: peers, persons receiving nursing care, supervisors
- analysis by the assessor of all relevant documentation

Self-assessment by the nurse candidate is a vital piece of data for the assessor. It is considered as a skill that is central to the nurse's continued professional development.

Observation by the assessor will need to be of a sufficient duration and in a sufficient variety of contexts to achieve a valid and reliable assessment.

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Interviewing skills of the assessor will need to be highly developed and relationships with the others in the setting should be established to ensure that adequate and essential information could be obtained. This information is essential in validating assessor inferences and judgements about competence.

Documentation recording assessors' observations and other evidence is necessary for analysis and interpretation and ultimately for a reliable and valid assessment judgement.

Enhancing the Validity and Reliability of Assessment

The notion of using the professional judgements of a person, with experience in nursing and who possesses a comprehensive knowledge base, to assess performance requires rigour, which involves the elements of validity and reliability. **Validity** in the assessment process is the extent to which assessment meets the intended outcomes. Therefore the assessment process will measure the performance of the nurse candidate against the ANC competency standards. **Reliability** in the assessment process refers to the consistency or accuracy of the outcomes of the assessment process. Assessors' understanding of the expected standards and their knowledge and skill are the most crucial elements involved in enhancing the reliability of the assessment process. The judgements assigned to the nurse candidate's competence should always be supported by documented evidence.

The model of assessment involving collecting and documenting data over a period of time and in a range of situations allows for reflection both on the practice of the nurse being assessed and on the interpretations made by the assessor. As new pieces of evidence are gathered about the practice of the nurse being assessed and added to the previous data, the assessor reflects and re-interprets. This process of reflection and re-interpretation adds to the reliability of the assessment judgement.

Evidence (pieces of information about the performance of the nurse being assessed) is gathered by the assessor. Therefore evidence can be provided to justify the judgements made by the assessor. A variety of sources of data (evidence) about the performance of a nurse candidate enhances the rigour of the assessment process and gives validity and reliability to the judgement. When assessing performance in the practice setting a paradigm involving weighing evidence is more appropriate than a scientific paradigm entailing measurement.

Sources of evidence may include:

- observation of performance
- audit of documents such as care plans and clinical records
- interviewing of the nurse candidate to reveal intentions and attitudes
- interviewing colleagues and persons receiving nursing care to collect data regarding outcomes of care

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- testing (for example drug calculations, written assignments, multi choice questions)
- examining records of previous achievements

Participation and Collaboration

Establishing a participative and collaborative relationship between the nurse candidate and the assessor, which is based on confidentiality, accountability and impartiality, builds confidence in the assessment methods. As an essential part of the assessment process assessors should conduct interviews with nurse candidates being assessed. It is through this procedure that the important practice of reflection and re-interpretation of performance and assessment judgements should occur and enables inferences made by the assessor to be validated.

Organisations undertaking assessments should institute review procedures to address grievances held by nurse candidates being assessed.

5. Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses

PRINCIPLE 1: PRINCIPLE OF ACCOUNTABILITY

- Assessors are accountable to the public and to the profession to undertake a valid and reliable assessment of nurse candidates.
- Assessors are accountable for assessing nurse candidates as competent against the ANC National Competency Standards and as suitable for licensure by a state or territory regulatory authority when required.
- Assessors will ensure that nurse candidates are assessed in the practice setting.
- Nurse candidates who have not demonstrated competence in the practice setting should not be recommended to a nurse regulatory authority for registration.

PRINCIPLE 2: PRINCIPLE OF PERFORMANCE BASED ASSESSMENT

- Clinical competence is performance based and therefore the assessment must be carried out by assessors in the context of the nurse /person interaction.
- Assessment of practice is considered a valid model of assessment of core competencies for the licensing of nurses. This model is useful as a multi purpose procedure as it provides a global assessment of the nurse candidate's knowledge, skills, values, and attitudes.
- Regulatory authorities have a responsibility to ensure that the assessment model focuses on knowledge, and performance that is closely related to the demands of the practice situation.

PRINCIPLE 3: PRINCIPLE OF CONTEXTUAL RELEVANCE

- The nurse regulatory authorities recognise that the nature of professional nursing practice is such that to attempt to evaluate competence in a single and narrowly prescribed procedural assessment model fails to recognise the multifaceted nature of nursing practice and the comprehensive knowledge required.
- The context in which assessment of competence occurs is considered to be an essential component in the competency standards assessment framework.

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- The practice setting involves many contextual factors including the environment, the relationship with the persons receiving care and the behaviour of others in the practice setting that cause the nurse candidate to act in a particular way. These factors should be taken into account during the assessment process.

PRINCIPLE 4: PRINCIPLE OF EVIDENCE BASED ASSESSMENT

- Evidence based assessment utilises a model of evidenced based professional judgement.
- The process of assessing competence requires an accumulation of data, or evidence about performance over a period of time and in a range of nursing situations.
- The judgement about whether a nurse candidate has reached a satisfactory standard of performance is based on the interaction between the assessor's comprehensive knowledge of the expected standard of performance and the interpretation of the assessment data, including the context within which it is collected.
- Assessors can obtain data to provide evidence of performance through:
 - self-assessment by the nurse candidate
 - observation by the assessor of the nurse candidate
 - interviews by the assessor with the other actors in the setting: peers, persons receiving nursing care, supervisors
 - analysis by the assessor of all relevant documentation
- Assessors work with and observe the nurse candidate being assessed in the practice context. Pieces of evidence about the nurse candidate's practice are gathered by the assessor, and these pieces of evidence are put together and inferences are drawn about competence.
- Inferences should always be checked to validate the assessment judgement.
- Assessors use professional judgement, which involves the drawing of inferences and the use of tacit knowledge to form a conclusion about the competence of a particular nurse.
- For tacit knowledge to be used confidently as a basis for assessment it is essential that assessors have a full understanding of the expected standard of performance.

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PRINCIPLE 5. PRINCIPLE OF VALIDITY AND RELIABILITY IN ASSESSMENT

- Validity in the assessment process is the extent to which assessment meets the intended outcomes. Reliability in the assessment process refers to the consistency or accuracy of the outcomes of the assessment process.
- The assessors' knowledge and skill are the most crucial elements involved in enhancing the validity and reliability of the assessment process.
- Evidence (pieces of information about the performance of the nurse being assessed) is gathered by the assessor. Assessors therefore can provide evidence to justify their assessment judgements.
- A variety of sources of data (evidence) about the performance of a nurse candidate enhances the rigour of the assessment process and gives validity and reliability to the judgement. Sources of evidence may include:
 - observation of performance
 - audit of documents such as care plans and clinical records
 - interviewing of the nurse candidate to reveal intentions and attitudes
 - interviewing colleagues and persons receiving nursing care to collect data regarding outcomes of care
 - testing (for example drug calculations, written assignments, multi choice questions)
 - examining records of previous achievements
- Reflection and re-interpretation of evidence about the performance of the nurse candidate is an important element in the assessment process and adds to the reliability of the assessment judgement.

PRINCIPLE 6: PRINCIPLE OF PARTICIPATION AND COLLABORATION

- Assessment of performance should be based on a participative and collaborative relationship between the assessor and the nurse candidate.
- The tenet of impartiality, confidentiality and declaration of any conflict of interest will underpin this participative and collaborative relationship. This will ensure that participants in the assessment process will feel confident in the assessment methods.
- Participation and collaboration in the assessment process involves high levels of communication, reflection on and re-interpretation of performance.

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- Formalised review processes established by organisations undertaking assessments will address grievances held by nurses who are being assessed and assist in ensuring participation and collaboration between others in the assessment process. These processes will also provide a mechanism for rigorous scrutiny of the results of assessment judgements.

The ANC acknowledges that the methods and processes in assessment of competence will be further developed and that the content of this document will be reviewed in three years. Comments should be addressed to:

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