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Can Competence be Assured?

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Competence awareness (insight)

- If indicators (self assessment, CPD, Practice hours) ensured competence, then no-one would present as a complaint for lack of competence
- Arguably, competence does not always ensure safe performance
- Is the missing thread competence awareness or insight?
- Health professionals require insight into their performance in order to determine when to change their performance

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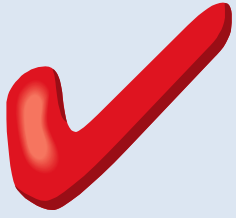
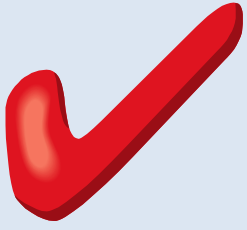
Competence awareness matrix

	Competent	Not competent
Aware	Aware that they are competent 	Aware that they are not competent 
Unaware	Unaware that they are competent (**Problem** - Won't be identified at registration renewal/recertification as they meet the prescribed practice and CPD hours, but they lack competence awareness or insight into their practice)	Unaware that they are incompetent (**Potential Problem** – Should be identified at registration renewal/recertification as they do not meet the prescribed CPD and/or practice hours)

Adapted from: Chiarella, M., & White, J. (2013). Which tail wags which dog? Exploring the interface between professional regulation and professional education. *Nurse education today*, 1-5.

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Study aims

To analyse the assessment and adjudication of nurses with performance related complaints for competence, in order to:

- Ascertain any relationship between CPD, recency of practice and performance competence
- Explore whether remediation might provide any guarantee of performance competence
- Identify any relationship between awareness/insight and performance competence
- Define (if possible) the characteristics that inform an understanding that a practitioner has insight

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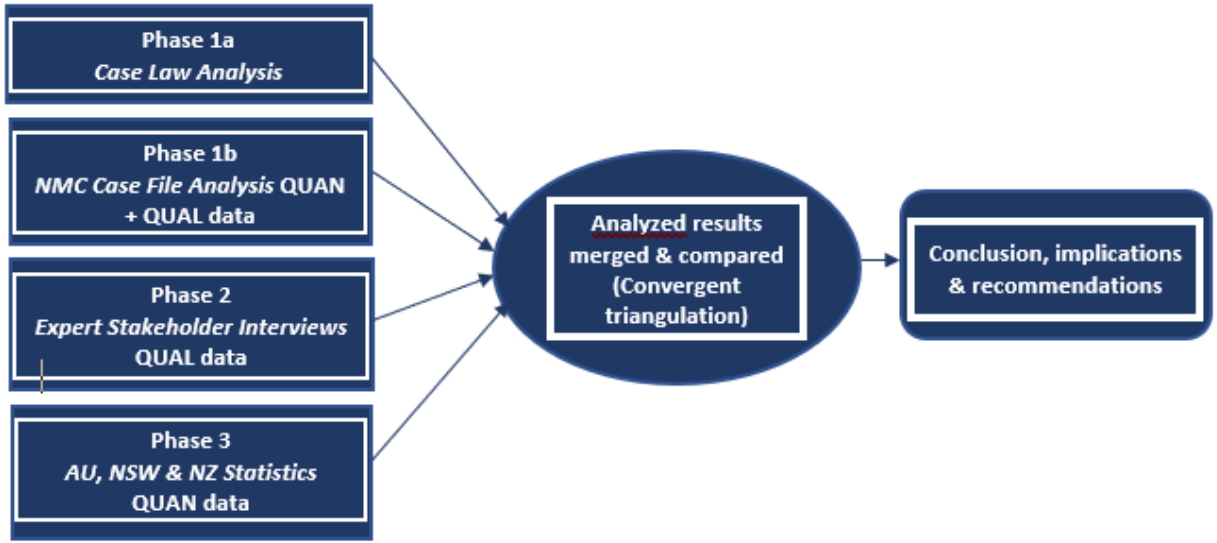
Research design & method

Mixed Method Convergent Design



Adapted from Creswell & Plano Clark (2017).

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Nursing & Midwifery population
Australia, New South Wales, & New Zealand

Nurses and Midwives	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Nurses and Midwives (Nationally in Australia)	330,680	334,078	344,190	352,838	360,008
Nurses and Midwives (State of New South Wales)	91,465	92,466	95,875	98,305	99,505
➢ Registered Nurses	76,884	78,620	82,042	84,357	85,635
➢ Registered Midwives	13,662	11,053	10,177	9,771	9,389
➢ Enrolled Nurses	14,685	13,936	13,951	14,024	14,004
Nurses (Nationally in New Zealand)	49356	50,060	51,406	52,729	53,922
➢ Nurse Practitioners	95	110	138	145	164
➢ Registered Nurses	46284	47,019	48,406	49,769	51,021
➢ Enrolled Nurses	2,977	2,931	2,871	2,815	2,737
Midwives (Nationally in New Zealand)	2,980	3,044	3,072	3,068	3,133

Sources: Australian Institute of Health and Welfare, 2016; Nursing Council of New Zealand, Annual Reports (2011, 2012, 2013, 2014, 2015, 2016); Midwifery Council of New Zealand, Annual Reports (2011, 2012, 2013, 2014, 2015, 2016).

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Performance complaints

	2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
Nursing Council of New Zealand - Nurses in Practice	48,527		49356		50,060		51,406		52,729		53,922	
	n	%	n	%	n	%	n	%	n	%	n	%
Competence Notifications	70	0.15	68	0.14	75	0.15	100	0.19	89	0.16	77	0.14
Midwifery Council of New Zealand – Midwives in Practice	2903		2980		3044		3072		3068		3133	
	n	%	n	%	n	%	n	%	n	%	n	%
Competence Notifications	52	1.79	32	1.07	34	1.15	39	1.27	28	0.91	46	1.47
Nursing and Midwifery Council (NSW) - Nurses and Midwives in Practice	93,704		95,836		94,901		100,440		102,117		104,721	
	n	%	n	%	n	%	n	%	n	%	n	%
Performance Complaints	144	0.16	170	0.18	210	0.22	267	0.27	265	0.26	243	0.23

Sources: Nursing Council of New Zealand Annual Reports (2011, 2012, 2013, 2014, 2015, 2016); Midwifery Council of New Zealand, Annual Reports (2011, (2011, 2012, 2013, 2014, 2015); Australian Institute of Health and Welfare, 2016.

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Analysis of NMC performance complaint files

- A total of 712 complaints were analysed.
- These data were de-identified and aggregated for age, year of complaint and registration status.
- Complaint files and histories were then analysed and coded for:
  - date of birth;
  - year of complaint;
  - work area (e.g. operating theatres, aged care facility);
  - focus of complaint;
  - facts of complaint;
  - decision and outcome.

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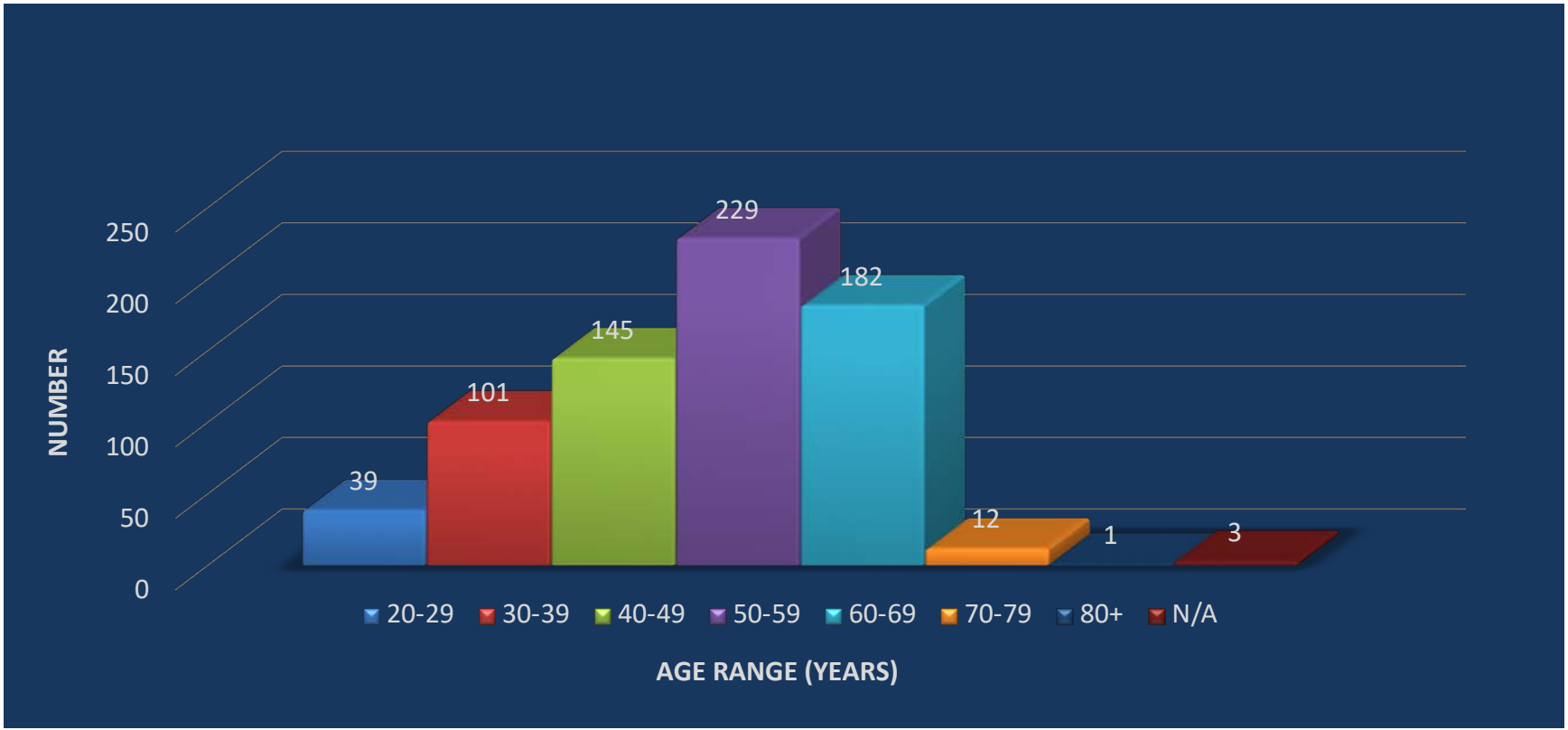
Age distribution



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Notifications by top four areas of work

The top four areas where nurses or midwives worked who were the subjects of performance complaints were:

1. aged care (n=150)
2. mental health (n=69)
3. midwifery/ maternity services (n=66)
4. emergency department (n=53)

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Aged Care complaints

- The highest number of performance complaints were made against RNs & ENs (mainly RNs) working in residential aged care facilities or nursing homes (n=146) or aged care dementia units (n=4).
- Complaints about RNs & ENs working in aged care (NSW) made up 21% of the total, whereas nationally the percentage of nurses working in aged care is only 8%.
- Not all jurisdictions have the requirement for an RN on duty at all times, thus there may well be some facilities where there are no registered nurses.
- Until recently in NSW there was a legislative requirement to have a registered nurse on duty in all facilities where residents required a high level of care. This requirement has been removed.

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Aged Care complaints

- Complaints relate to two major clinical issues:
  - medication errors (n=51), and
  - poor physical clinical care (n=64)
- Neglect by management or poor administration of the aged care facility (n=15)
- Poor communication (n=12) and poor documentation (n=8)
- Many of these complaints were managed by performance assessment and performance review panels
- Another process was to refer to the Aged Care Complaints Commissioner of the Australian Government

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Mental Health complaints

- 2nd highest number of complaints were made against nurses (again mainly RNs) working in mental health (n=69), with the settings ranging from psychiatric intensive care units to community mental health settings.

Focus of complaints

- Most complaints related either to inadequate monitoring and/or failure to assess the patient adequately / misdiagnosis
- breaches of confidentiality

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Midwifery / Maternity services complaints

- 3rd highest was midwifery / maternity services (n=66)
  (most of the practitioners notified held dual registration as RNs and RMs however identified as working in midwifery or maternity services)

Focus of complaints

- N=18 related to allegations of rudeness or unkindness
  Of these (n=11) were not pursued (no case to answer, or the employer was managing the matter adequately), (n=7) referred for assisted resolution
- Poor performance - seeking answers (related to foetal death or stillbirth (n=14)
- Poor performance/inadequate monitoring/lack of support (n=16)

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Emergency Department

- 4th highest area – Emergency Department (metropolitan, urban, rural and remote) (n=53)

Focus of complaints

- The majority of complaints related to clinical care
  - Incorrect triage
  - failure to recognise patient deterioration
  - Medication errors
- Poor communication – rudeness
- Busy emergency departments and poor communications related to large adverse events – mainly between nurses and doctors and between handovers

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How does insight manifest in practice?

Elements demonstrating insight	Elements that were sources of concern in relation to lack of insight
➢ Ownership of and taking responsibility for the incident ➢ Evidence of reflection and analysis of the incident ➢ Evidence of reflection and analysis of the practitioner's own mental and/or physical state ➢ Analysis of the context in which the incident occurred ➢ Recognition of own failures or mistakes ➢ Expressions of remorse, sorrow or regret ➢ Making an effort to improve oneself through targeted education ➢ Thinking about and describing what the practitioner would do differently next time ➢ Seeking out counseling/ mentorship.	➢ When the practitioner did not seem to understand what the actual issue was ➢ When a practitioner made no attempt to change or did not act on the feedback provided from a performance assessment either in the workplace or through the NMC ➢ When the practitioner blamed other people for the error/ incident but took no personal responsibility ➢ When the practitioner made excuses for why the error/incident had occurred (rather than constructively analyzing the context in which the incident occurred) ➢ When the practitioner was non-compliant with improvement strategies such as further education or experience.

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Insight (competence awareness)

- **Personal insight**
  - where a nurse or midwife was able to recognise and acknowledge that they were under stress and might need extra help or assistance, either on a particular day or at a particular point in their personal or professional lives.
- **Contextual insight**
  - Where the nurse or midwife would recognise and acknowledge that the context or the environment in which they were practising was challenging.
- **Situational insight**
  - Where the nurse or midwife found themselves out of their depth, either because they had a challenging patient, or a scenario they did not recognise, or a procedure they had not previously undertaken.

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Emerging themes

1. Personal and employer expectations
2. Motivation and self-awareness
3. CPD and performance competence
4. Personal behavior and communication
5. Clinical reasoning encompassing self-awareness (insight) and reflection
6. Context of practice and/or workplace environment

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Conclusion

- Competence does not always ensure safe performance
- Insight has been identified as a critical factor in relation to continuing competence and performance complaints
- Three main aspects of insight were identified and described by the practitioners
  Personal insight, Contextual insight and Situational insight.
- Lack of insight was shown to have a negative impact on performance competence and ultimately public safety - the practitioner who lacks insight is less likely to:
  - recognise or act upon (own) performance deficits or areas for improvement;
  - participate in professional development (CPD) opportunities;
  - acknowledge or take responsibility for errors;
- More likely to:
  - work outside of scope of practice and boundaries;
  - take short cuts;
  - deflect accountability and attribute blame; and
  - become isolated or seek positions where their practice is less visible.

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Implications & recommendations

Questions have emerged about the measurement of continuing competence and the importance that insight (competence awareness) may have on safety to practice.

1. More research is needed, related to the identification and translation of the behavioral characteristics that underpin insight and how they relate to competence awareness and competent performance in nursing and midwifery practice.
2. The elements of insight, as demonstrated, are both identifiable and generalizable. How these elements are made available to registrants to help them understand competence awareness requires consideration by educators and regulatory authorities.
3. Should these elements be used to identify nurses and midwives with a risk of performance errors a more detailed understanding is required.
4. Agreement is required on the language used to describe competence awareness, within and across jurisdictions.
5. If insight is to be considered an indicator of competence then clear guidelines on how insight is identified, assessed, and measured are required.

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Publications

Vernon, R., Chiarella, M. & Papps, E. (2018). Investigating the relationship between continuing competence and insight in nursing and Midwifery Practice. *Journal of Nursing Regulation, 9*(2), 1-17.

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