



 **PROGRESSIVE
SURGICAL SOLUTIONS**
A DIVISION OF  **VMG HEALTH**

COMPETENCY ASSESSMENT IN HEALTHCARE

The Quest for the Holy Grail

James Stobinski
PhD RN CNOR CNAMB(E) CSSM(E)



1

Learning Objectives

- Differentiate between competence and competency.
- Examine the three components of competency.
- Describe the current state of education and training courses for entry into the perioperative nursing specialty.
- Identify one theoretical framework that can be used to examine competency and skill acquisition among healthcare professionals.
- Detail the use of one competency assessment instrument in perioperative nursing.



2

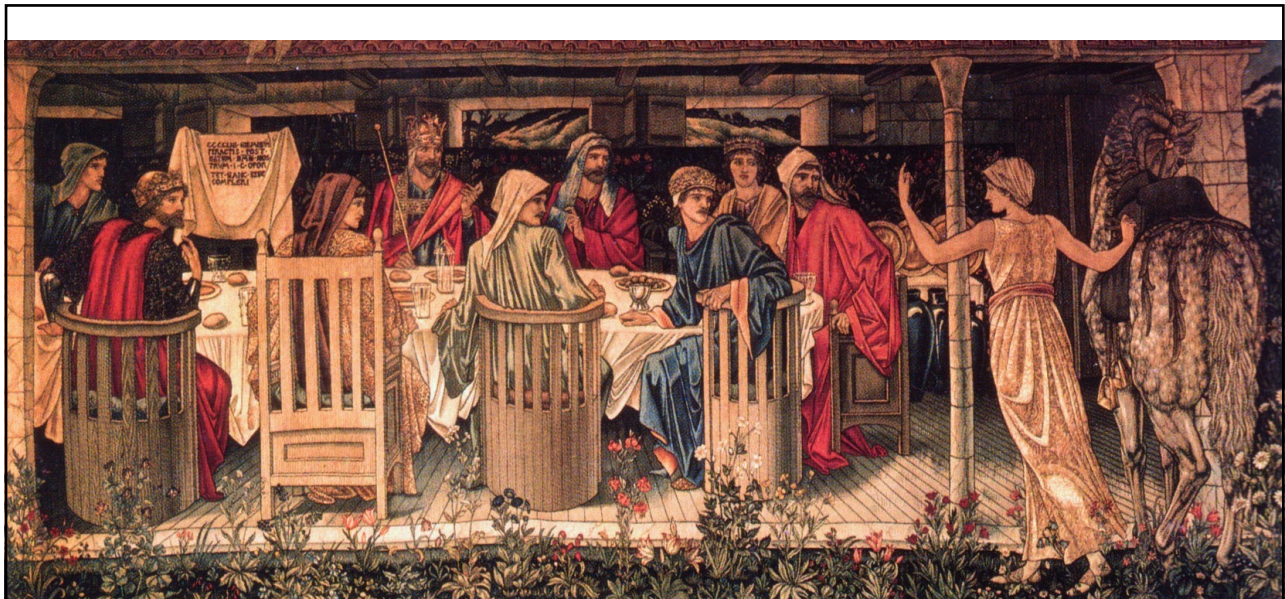
My Background



- **Registered Nurse** since 1985
- **Diploma graduate** | *Toledo Hospital School of Nursing*
- **Veteran** (34 years service) *Navy Nurse Corps* (1987-2007) *Operating Operating Room Manager*
- **Doctorate** | study of how perioperative nurses learn and acquire skill
- **NIFA** (*National Institute of First Assisting*) Centennial, CO
- **Former CEO** of the *Competency and Credentialing Institute (CCI)*
- **Adjunct Professor** – *Wilkes University, Wilkes Barre, PA* and *Nova Southeastern University, Miami/Ft Lauderdale FL*



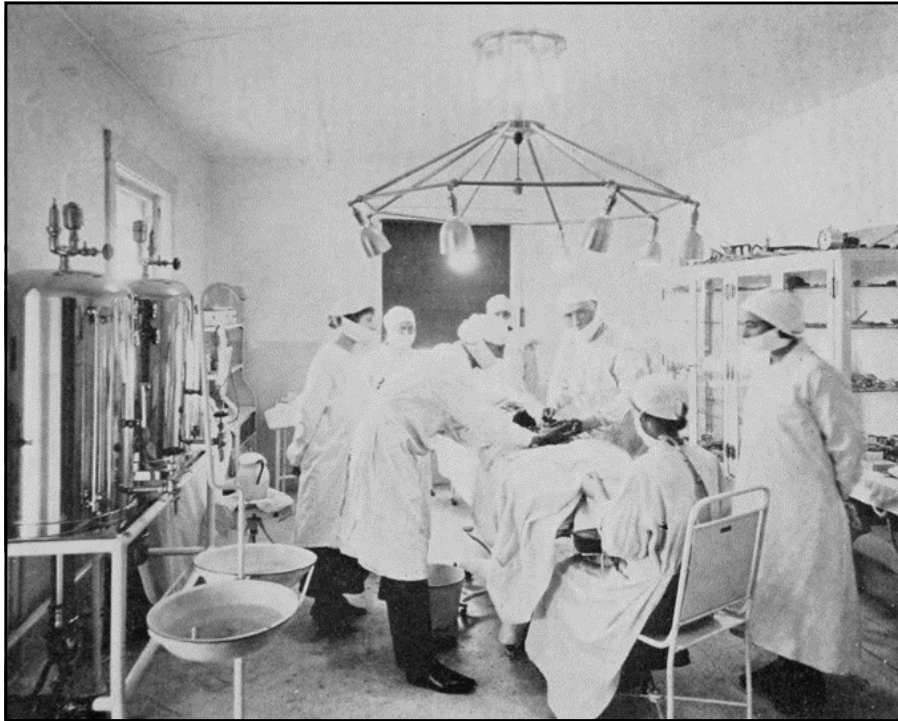
3



Sir Edward Burne-Jones, overall design and figures; William Morris, overall design and execution; John Henry Dearle, flowers and decorative details., Public domain, via Wikimedia Commons



4



Trends in Surgery



5

August 21, 2023

Survey: Surgical volumes surge in midst of staffing woes

By: Cynthia Saver, MS,
RN

Tags: OR leadership, salary and benefits, Salary/Career
Survey, Staffing, Surgical volume

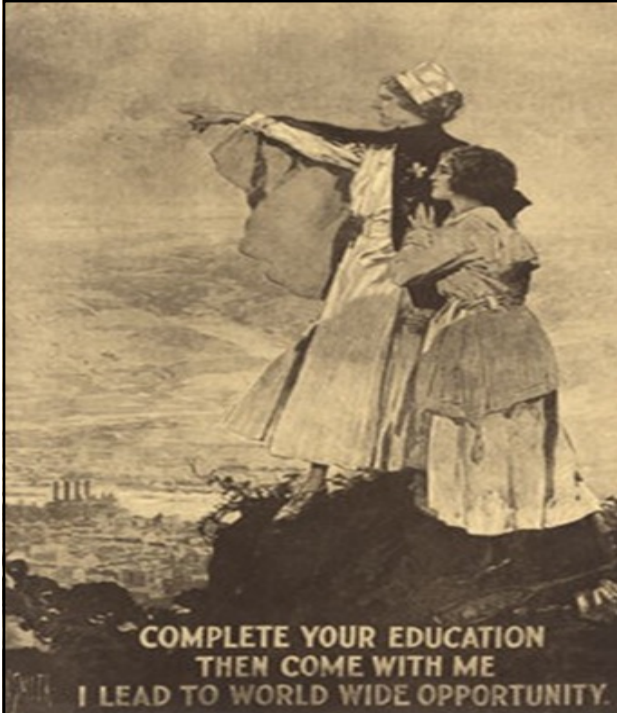
Share   

Takeaways

- It takes an average of 112 days to fill an open RN position and 130 days to fill an open ST position, according to survey results.
- Turnover rates have decreased slightly but remain high.
- Most OR leaders are finding it more difficult to recruit RNs and STs, compared to a year ago.



6




STAFFING CHALLENGES

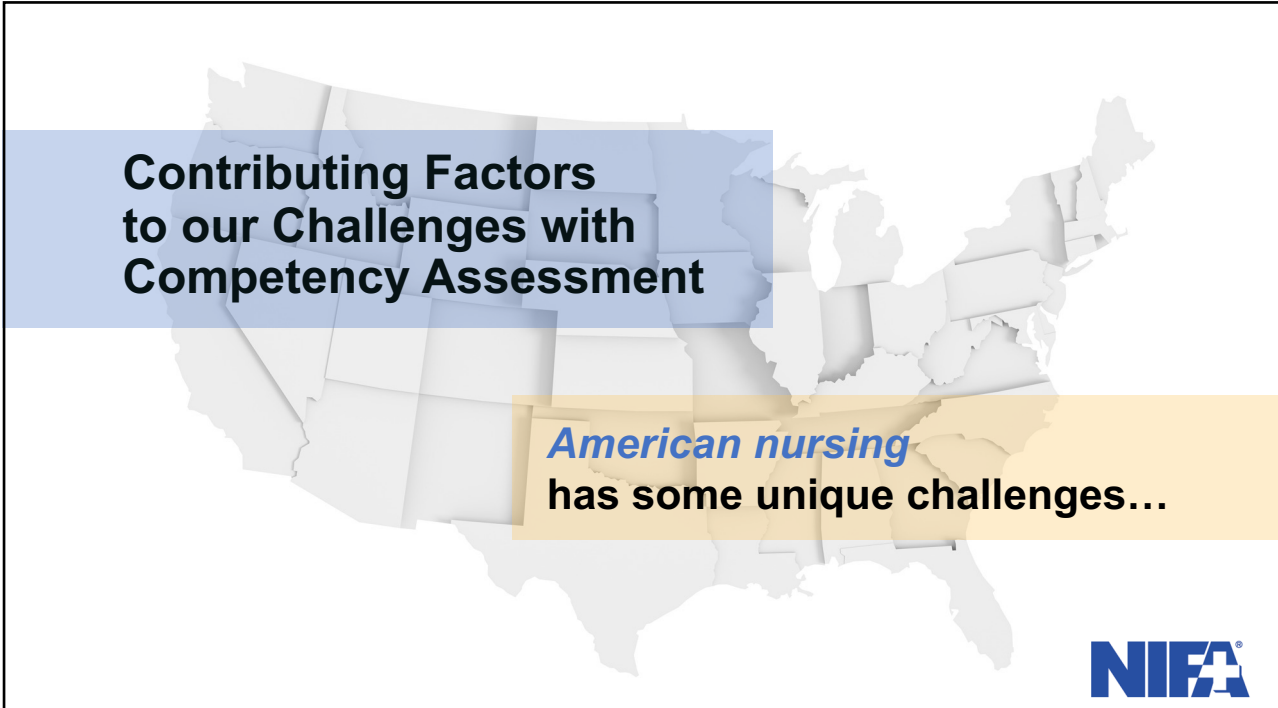
**We need more staff.
Those staff must possess competency.**

**COMPLETE YOUR EDUCATION
THEN COME WITH ME
I LEAD TO WORLD WIDE OPPORTUNITY.**

NIH – U.S. National Library of Medicine – Public Domain. This work is in the public domain in the United States because it was published (or registered with the U.S. Copyright Office) before January 1, 1925.




7



Contributing Factors to our Challenges with Competency Assessment

American nursing has some unique challenges...



8

Challenges with Competency Assessment

Contributing Factors

1 Greater emphasis on pre-licensure testing and assessment

- Accreditation for schools of nursing
- Difficult to earn a BSN
- Rigor of the NCLEX Exam
 - New NCLEX launched in APR 2023
 - Attempt to measure competency versus knowledge
 - 90.69%/56.61%



9

Challenges with Competency Assessment

Contributing Factors

2 Far less uniformity in how nurses enter a nursing specialty such as perianesthesia or perioperative nursing

3 Less emphasis on continuing competency over the course of a career

As Tilley (2008) so well stated:



“... in most states, a nurse is determined to be competent when initially licensed, continuing competency is assumed thereafter unless otherwise demonstrated.”

Tilley DS. Competency in nursing: a concept analysis. *J Contin Educ Nurs.* 2008;39(2): 58–64.



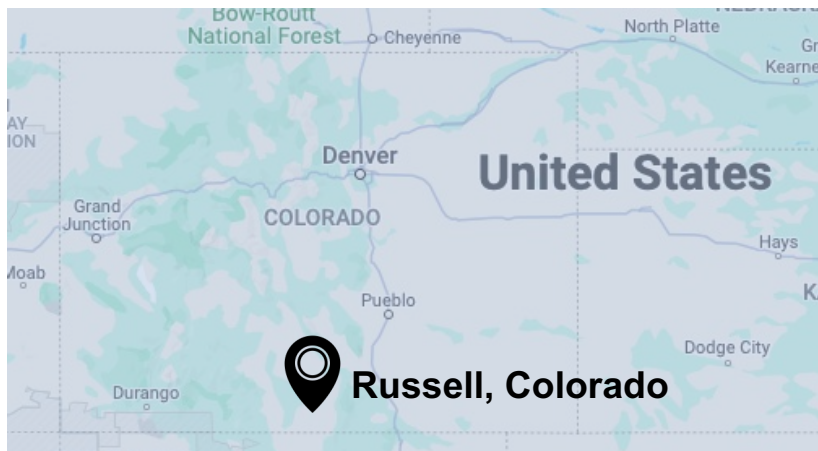
10

A Tale of Two Cities



11

Registered Nursing in Colorado



12



Continuing Competency Program (CCP)

Objective of CCP

RNs maintain and enhance their competence through self-reflection, lifelong learning, and by integrating that learning into their practice

- Click here to download our [CCP Workbook](#)
- Click here to download the [CCP Forms](#)
- Click here to watch our [CCP Forms Tutorial](#)

CCP Review

- Multi-source Feedback
- Competency-Based Interview
- CCP Journey



13

The **quality of orientation** to the specialty contributes to the *eventual competency level of a nurse*

The Accession Process



14

Perioperative Nurse Designation

- No one entity oversees perioperative nursing workforce planning
- By default, the employer determines who becomes a perioperative nurse
- The **quality** of the education and training programs for entry **are highly variable**



15

Competency Assessment Study OR Nurses in the US

Type of Program	Percentage of Respondents
Periop 101	23.8%
Facility-developed Program	34.1%
None	37.3%
All other program types	4.8%
Total	100%

Table 1: Orientation program (n=3,821)

Stobinski, JX, Maio, S and Homme, C (2022). Results of a competency assessment study of OR nurses in the US. OR Manager, 38(6). 22-25. Accessed: June 21st 2022 at: <https://www.nextbook.com/accessintelligence/ORManager/or-manager-june-2022/index.php#p/24>



16

Perioperative Training Programs




Australian College of Nursing

1800 061 660 acn@acn.edu.au

COVID-19 NEWS MEMBERSHIP EDUCATION LEADERSHIP EVENTS SCHOLARSHIPS POLICY AGED CARE IMMUNISATION PARTNERS

Graduate Certificate in Perioperative Nursing

Home / Education / Postgraduate Course / Graduate Certificate in Perioperative Nursing

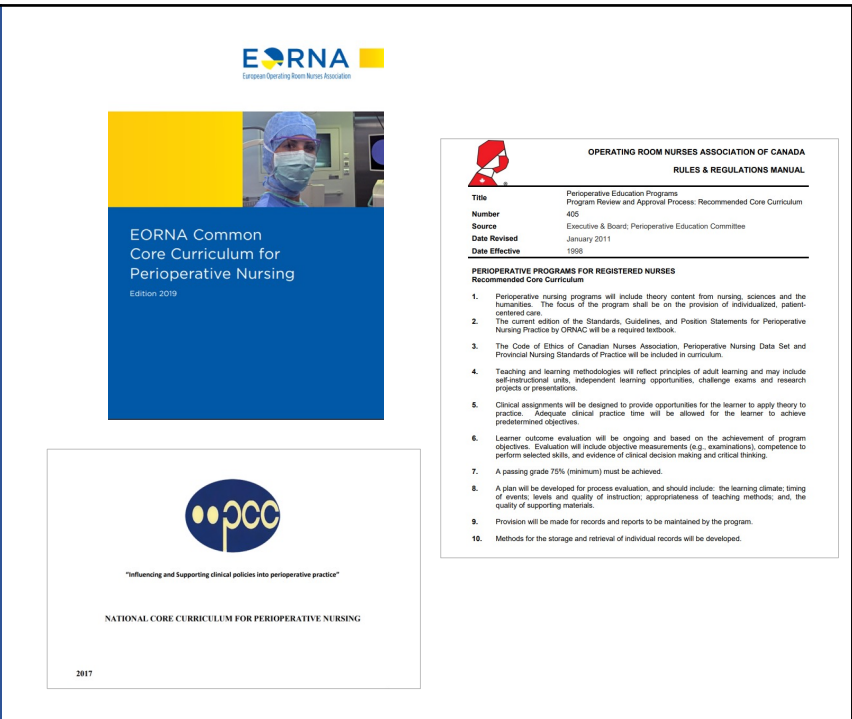
FLEMING Study Admissions and Aid Student Life About Info for: Guidance Counsellors

Continuing Education » Certificates & Specializations » Registered Nurse - Perioperative Nursing Ontario College Graduate Certificate

Registered Nurse - Perioperative Nursing Ontario College Graduate Certificate

17

Perioperative Training Programs

EORNA
European Operating Room Nurses Association

EORNA Common Core Curriculum for Perioperative Nursing
Edition 2019

PCO
"Influencing and Supporting clinical policies into perioperative practice"

NATIONAL CORE CURRICULUM FOR PERIOPERATIVE NURSING
2017

OPERATING ROOM NURSES ASSOCIATION OF CANADA
RULES & REGULATIONS MANUAL

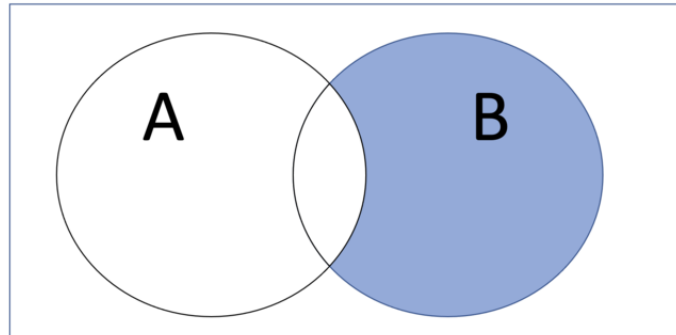
Title	Perioperative Education Programs Program Review and Approval Process: Recommended Core Curriculum
Number	405
Source	Executive & Board: Perioperative Education Committee
Date Revisited	January 2011
Date Effective	1998

PERIOPERATIVE PROGRAMS FOR REGISTERED NURSES Recommended Core Curriculum

- Perioperative nursing programs will include theory content from nursing, sciences and the Humanities. The focus of the program shall be on the provision of individualized, patient-centered care.
- The current edition of the Standards, Guidelines, and Position Statements for Perioperative Nursing Practice by ORNAC will be a required textbook.
- The Code of Ethics of Canadian Nurses Association, Perioperative Nursing Data Set and Provincial Nursing Standards of Practice will be included in curriculum.
- Teaching and learning methodologies will reflect principles of adult learning and may include self-instructional units, independent learning opportunities, challenge exams and research projects or presentations.
- Clinical assignments will be designed to provide opportunities for the learner to apply theory to practice. Adequate clinical practice time will be allowed for the learner to achieve predetermined objectives.
- Learner outcome evaluation will be ongoing and based on the achievement of program objectives. Evaluation will include objective measurements (e.g., examinations), competence to perform selected skills, and evidence of clinical decision making and critical thinking.
- A passing grade 75% (minimum) must be achieved.
- A plan will be developed for process evaluation, and should include: the learning climate; timing of events; levels and quality of instruction; appropriateness of teaching methods; and, the quality of supporting materials.
- Provision will be made for records and reports to be maintained by the program.
- Methods for the storage and retrieval of individual records will be developed.

18

Definitions and Theoretical Frameworks



<https://creativecommons.org/licenses/by-sa/4.0>



19

DEFINITIONS

Although they sound similar, **competence** and **competency** are *not* necessarily synonymous.

COMPETENCE

Refers to a *potential ability* and/or a capability to function in each situation.

COMPETENCY

Focuses on *one's actual performance* in a situation.

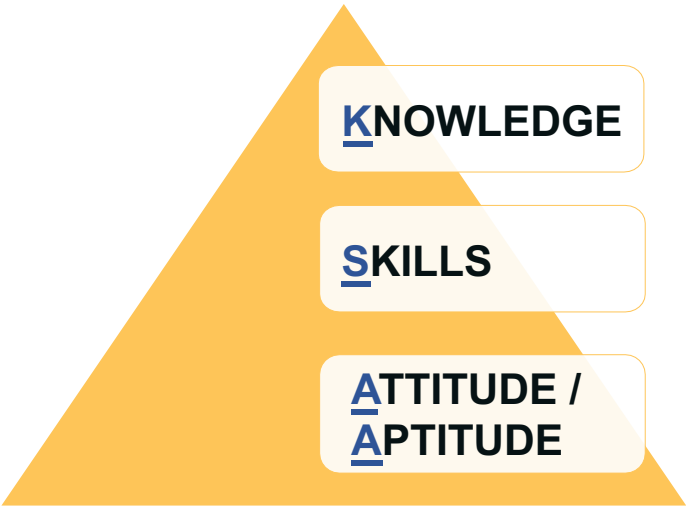
Competence is required
before one can expect to achieve ***competency***.

Kathryn Schroeter, Ph.D., RN, CNOR and published in the Competency & Credentialing Institute's (CCI) Competence Literature Review



20

3
Components of Competency
Origin of the phrase "KSA"
NIFA



KNOWLEDGE
SKILLS
ATTITUDE / APTITUDE

21




Application to Nursing
NIFA


22

Patricia Benner

PhD, RN, FAAN, FRCN

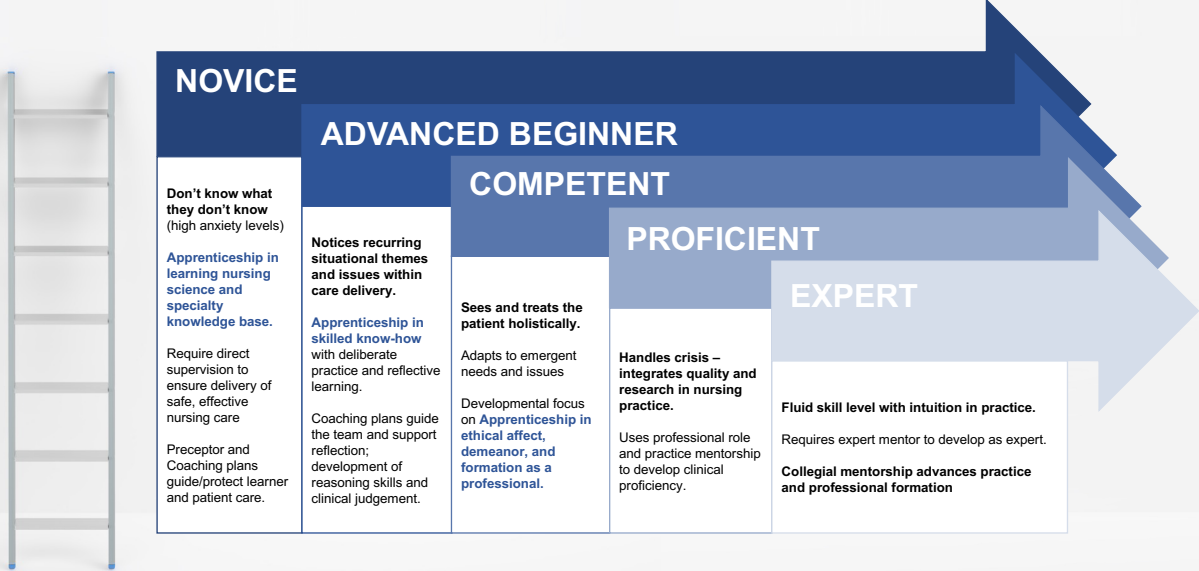
The Novice to Expert Continuum





23

The Novice to Expert Continuum



NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT
<p>Don't know what they don't know (high anxiety levels)</p> <p>Apprenticeship in learning nursing science and specialty knowledge base.</p> <p>Require direct supervision to ensure delivery of safe, effective nursing care</p> <p>Preceptor and Coaching plans guide/protect learner and patient care.</p>	<p>Notices recurring situational themes and issues within care delivery.</p> <p>Apprenticeship in skilled know-how with deliberate practice and reflective learning.</p> <p>Coaching plans guide the team and support reflection; development of reasoning skills and clinical judgement.</p>	<p>Sees and treats the patient holistically.</p> <p>Adapts to emergent needs and issues</p> <p>Developmental focus on Apprenticeship in ethical affect, demeanor, and formation as a professional.</p>	<p>Handles crisis – integrates quality and research in nursing practice.</p> <p>Uses professional role and practice mentorship to develop clinical proficiency.</p>	<p>Fluid skill level with intuition in practice.</p> <p>Requires expert mentor to develop as expert.</p> <p>Collegial mentorship advances practice and professional formation</p>

Integrating High-end apprenticeships and coaching plans within transitional support. B.2019 S. Boyer. All rights reserved. No copying or printing without permission. Contact hbf.boyer@nifa.com

24

Basic Principles

- Skills and understanding develop over time through a sound educational base plus experience in the care environment
- There are limits to what can be learned in the classroom
- Experience is a prerequisite for expertise - you must have practical work experience to be an expert
- It takes 2-3 years of experience in the same work to function at the competent level



25

Basic Principles

- Skills and understanding develop over time through a sound educational base plus experience in the care environment
- There are limits to what can be learned in the classroom
- Experience is a prerequisite for expertise - you must have practical work experience to be an expert
- **It takes 2-3 years of experience in the same work to function at the competent level**

COMPETENT

Sees and treats the patient holistically.

Adapts to emergent needs and issues

Developmental focus on **Apprenticeship in ethical affect, demeanor, and formation as a professional.**

**Integrated Practice/
Socialization**

26



Competency Assessment



27

BACK TO DEFINITIONS

COMPETENCY

Focuses on one's actual performance in a situation.



Kathryn Schroeter, Ph.D., RN, CNOR and published in the Competency & Credentialing Institute's (CCI) Competence Literature Review

28



NIH – U.S. National Library of Medicine – Public Domain.

PROXIES FOR COMPETENCY

Licensure

Exams

Experience

Educational Degrees

Skills Fairs

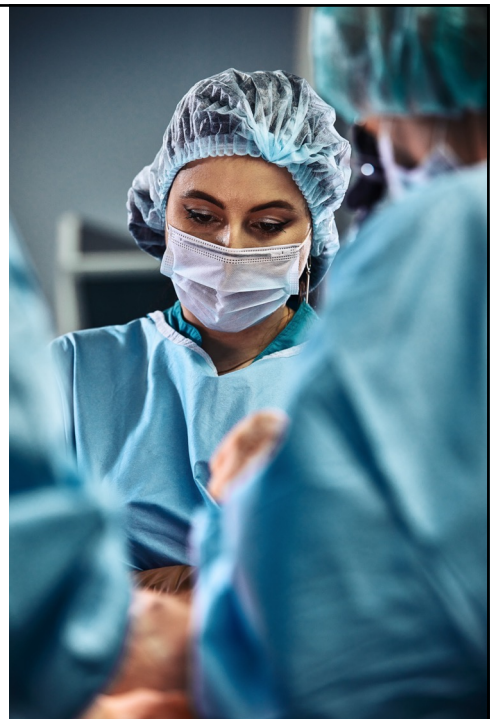
Annual Training



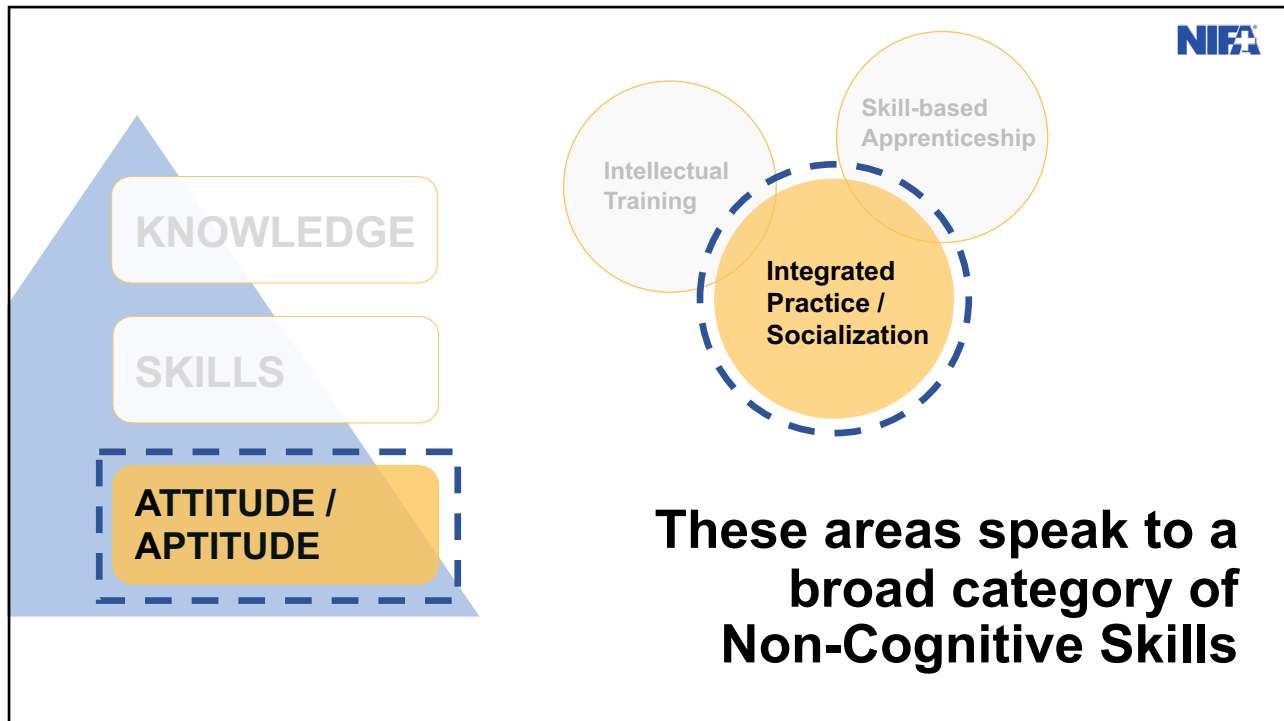
29

There are competency assessment resources.

But it will require a change in mindset.



30



31

Non-Cognitive Skills

Non-cognitive or “**soft skills**” are related to motivation, integrity, and interpersonal interaction.

They may also involve intellect, but more indirectly and less consciously than cognitive skills.

Soft skills are associated with an individual's personality, temperament, and attitudes.

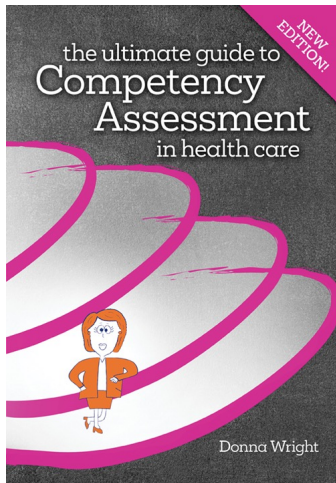


NIFA

ACT <https://www.act.org/content/dam/act/unsecured/documents/WK-Brief-KeyFacts-CognitiveandNoncognitiveSkills.pdf>

32

ASSESSING COMPETENCY

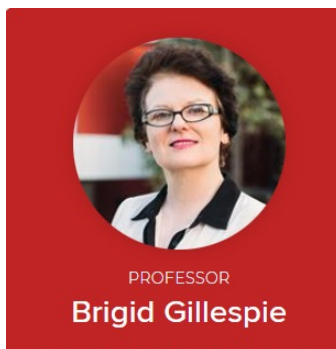


**A variety of methods
can be used
to evaluate competency**



33

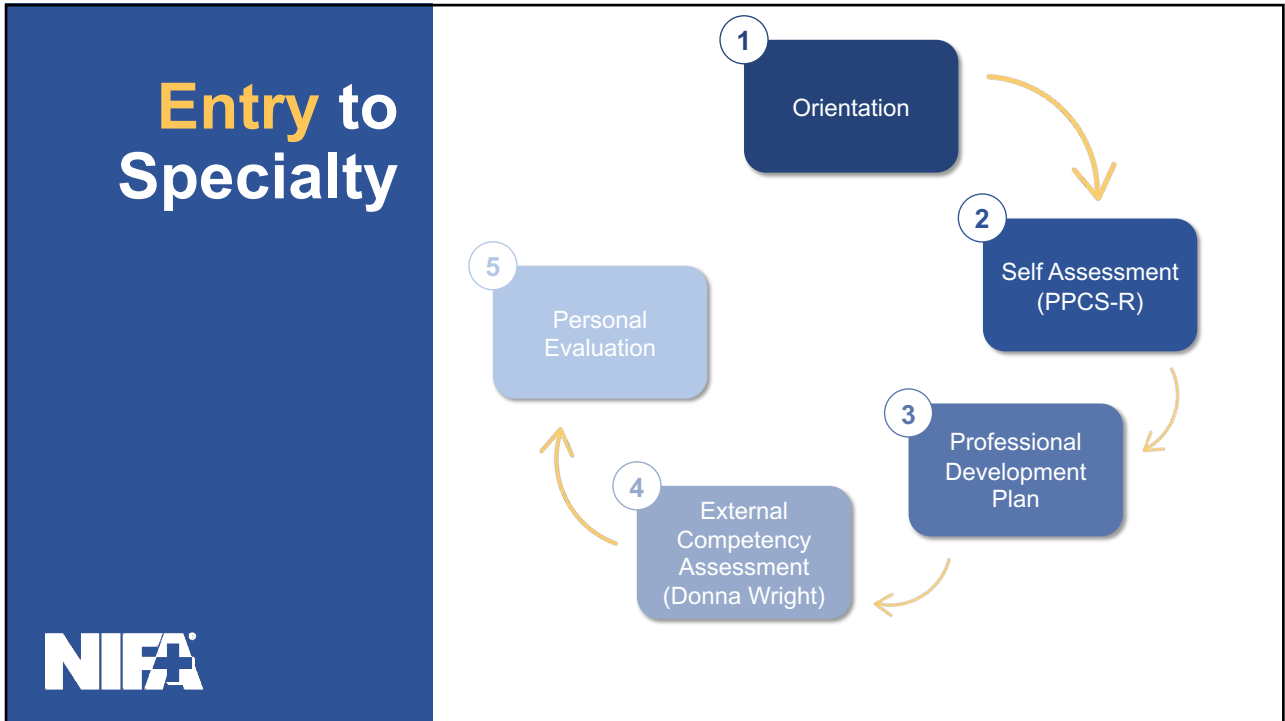
ASSESSING COMPETENCY



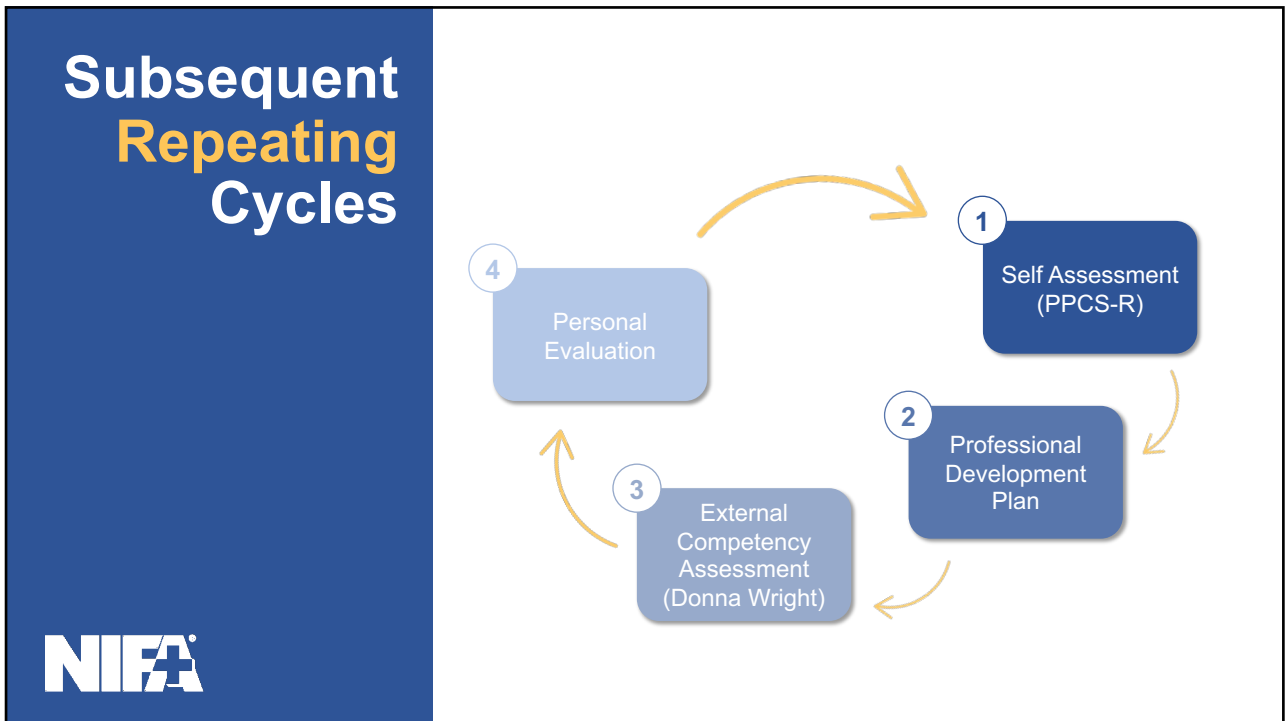
PPCS-R
Perceived Perioperative
Competence Scale-Revised



34



35



36

THE BOTTOM LINE

You may need to...

- ✓ Devote more energy to competency assessment
- ✓ Assess new areas
- ✓ Consider new methods and approaches

Knowledge | Skills | Attitude

Teamwork | Adaptability | Communication



37

Future Research

Type of Program	Percentage of Respondents
Periop 101	23.8%
Facility-developed Program	34.1%
None	37.3%
All other program types	4.8%
Total	100%

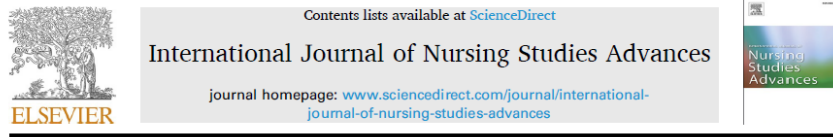
Table 1: Orientation program (n=3,821)



38

Additional Resources

International Journal of Nursing Studies Advances 6 (2024) 100173



Psychometric evaluation of the United States-adapted perceived perioperative competence scale-revised: A national survey

Shannon Maio^{a,*,1,2}, James X. Stobinski^{b,c,d}, Brigid M. Gillespie^{e,f}

^a Department of Research Methods and Information Science, University of Denver, Denver, Colorado 80210, United States

^b National Institute of First Assisting Inc. (NIFA), Centennial, Colorado 80111, United States

^c Nova Southeastern University, Ron and Kathy Assaf College of Nursing, Fort Lauderdale, Florida 33314, United States

^d Wilkes University, Passan School of Nursing, Wilkes-Barre, Pennsylvania 18766, United States

^e National Health and Medical Research Council Centre of Research Excellence in Wiser Wound Care, Menzies Health Institute Queensland, Griffith University, Queensland 4222, Australia

^f Gold Coast University Hospital, Gold Coast Health Nursing and Midwifery Education and Research Unit, Queensland 4215, Australia



39

Additional Resources

COMPETENCY AND WORK ENVIRONMENTS AMONG MILITARY AND CIVILIAN PERIOPERATIVE REGISTERED NURSES: A PREDICTIVE MODEL

A Dissertation

Presented to the Faculty of the College of Health Sciences

of TUI University

in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy in Health Sciences

by

James X. Stobinski

Cypress, California

2011

Defended June 27, 2011

<https://sigma.nursingrepository.org/handle/10755/22616>



40



The Damsel of the Sanct Grael or Holy Grail.jpg Dante Gabriel Rossetti. Public Domain.

The Holy Grail



41

Questions?

By Harris & Ewing, photographer - <https://www.loc.gov/resource/hec.38456/>, Public Domain, <https://commons.wikimedia.org/w/index.php?curid=92502949>







42

James Stobinski
 PhD RN CNOR CNAMB(E) CSSM(E)
 Director of Education
 NIFA | Centennial, Colorado

Jim.Stobinski@nifa.com

(720) 257-4372







 @JXSTOBINSKI

Thank you!


43

Available to Members on eSupport



Compliance & Operations > Human Resources > Orientation & Education

- Education vs. Training vs. Competency



[HOME](#)
[ESUPPORT](#)
[EDUCATION](#)
[FORUM](#)
[ACCOUNT](#)

HR: ORIENTATION & EDUCATION

Facility orientation should be done upon hire. See Employee Orientation Checklist below for requirements.

See Mandatory Inservices and Education below for education and drill requirements.

Nursing staff performing glucometer and pregnancy testing on patients should be appropriately inserviced. See examples of these below.

Ongoing education and training must be done regularly with all employees.

EDUCATION VS. TRAINING VS. COMPETENCY

EDUCATION	TRAINING	COMPETENCY
The process of receiving or giving instruction in the workplace through verbal lecture and reading materials.	<i>More facility-specific</i> The action of teaching staff a particular skill or type of behavior through simulation (drills and exercises) and hands-on and/or on-the-job training.	Assessments (tests, checklists) used to measure an employee's competence against their job requirements and duties.
<i>For example, the PSS CE courses on eSupport are considered staff education.</i>	<i>Training is often accomplished through inservicing.</i>	

CE COURSES ON ESUPPORT

While PSS makes every effort to capture and meet traditional mandatory education requirements, **facility**

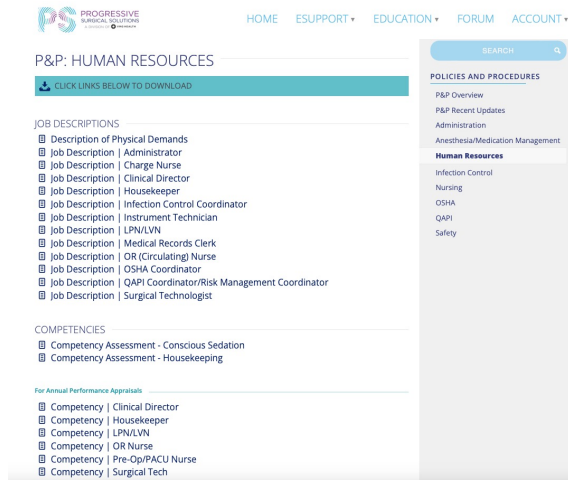
44

**Available to
Members on
eSupport**



**Compliance & Operations > Policies & Procedures
> Human Resources**

- Job Descriptions
- Competency Assessment
- JD based Competency for Performance Appraisal



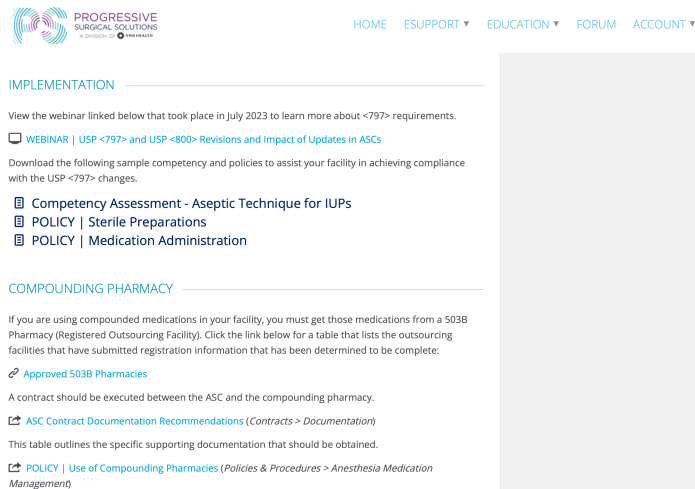
45

**Available to
Members on
eSupport**

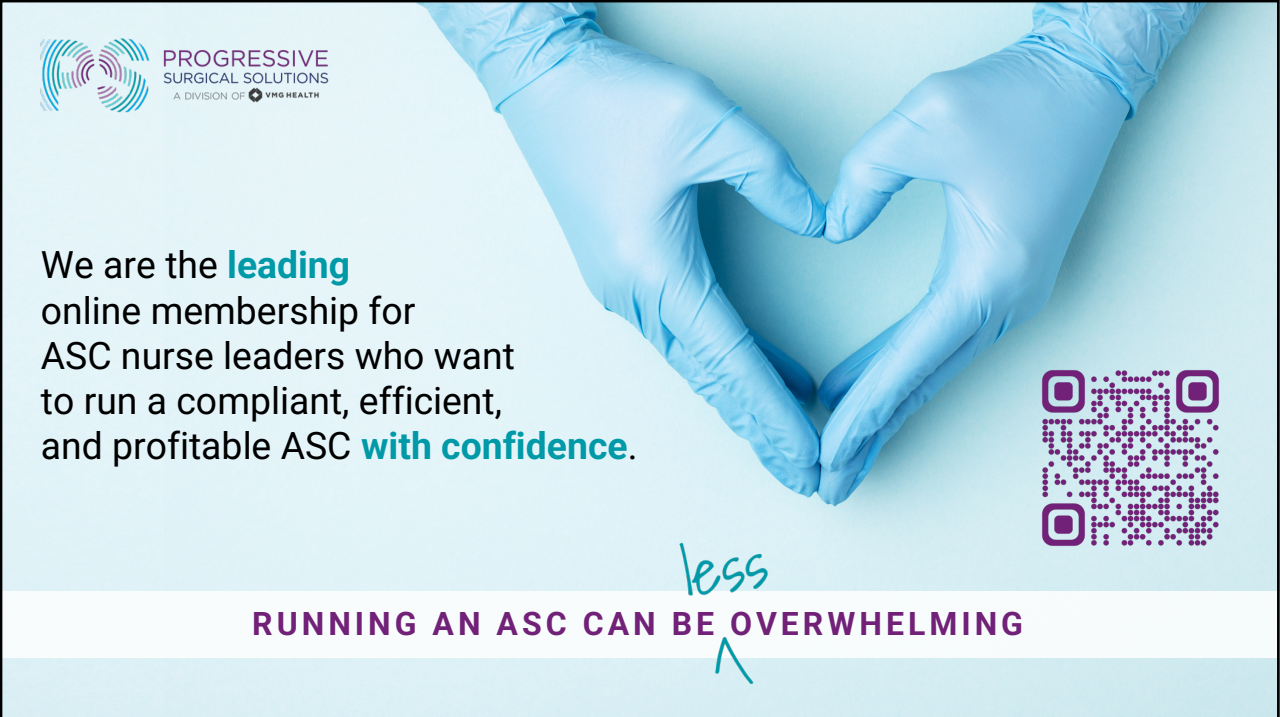


**Compliance & Operations > Medication Management
> Compounding**

- Competency Assessment – Aseptic Technique for IUPs



46



PROGRESSIVE SURGICAL SOLUTIONS
A DIVISION OF **YMG HEALTH**





We are the **leading** online membership for ASC nurse leaders who want to run a compliant, efficient, and profitable ASC **with confidence.**

less
RUNNING AN ASC CAN BE OVERWHELMING

47

Continued Education

Licensed nurses and CASC credentialed participants are eligible for 1.0 CE Contact Hour and/or 1.0 AEU Credit. Progressive Surgical Solutions, division of BSM Consulting is approved by the California Board of Registered Nurses, Provider #17841 and BASC, Provider #1016.

-  1 CE Contact Hour per **RN** attendee
1 AEU per **CASC** attendee
-  Complete Course Evaluation sent via email by **Friday, 3/22**
-  Certificates will be processed and delivered by **Friday 4/5**
-  Any questions regarding CE Credit, contact **Jenna@pss4asc.com**

PROGRESSIVE SURGICAL SOLUTIONS
A DIVISION OF **BSM CONSULTING**

48



Join our *Private* Facebook Group

A place to **connect, support,** and **network** with other ASC managers all over the country.

49



ASC
NURSE
LEADERSHIP
CONFERENCE

JOIN US!

APRIL 25-26 2024 DALLAS, TX

50

Upcoming Webinars

DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
MAR 11	20		ST108 in ASCs: A Clear Guide for Understanding and Implementation	Apryl McElheny
APR 25 - 26			ASC NURSE LEADERSHIP CONFERENCE <i>No Webinar</i>	
MAY 20	20		Building Your Financial Acumen: ASC Fee Schedule	Nancy Stephens
JUN 28	60	RN, CASC	How to Deliver Excellent Customer Service in Your ASC	Elizabeth Monroe
JUL 29	20		Harmonizing Success: Unlocking RCM Fundamentals for ASC Excellence	JR Thompson
AUG 26	60	RN, CASC	A Culture of Security: Preventing DEA Scheduled Medication Diversion in the ASC	Gregory Tertes
SEP 30	20		Before It's Mandatory: Understanding OAS CAHPS	Vanessa Sindell
OCT 25	60	RN, CASC CAIP	A Comprehensive Review of the ASC QAPI Program	Debra Stinchcomb
NOV 25	20		Annual Survey Watch Report 2024	Vanessa Sindell
DEC 13	60	RN, CASC CAIP	Infection Control Risk Assessment: A Guided Review	Crissy Benze

www.ProgressiveSurgicalSolutions.com/webinars