

4-20-2007

The Role of the Clinical Educator in Evaluating Nursing Competency

Linda A. Schoene MSN, RN
Memorial Hermann Hospital System

Carole A. Kanusky RN, MSN, CNS
Memorial Hermann Hospital System

Follow this and additional works at: http://digitalcommons.library.tmc.edu/uthshis_atldayabs

 Part of the [Education Commons](#), and the [Nursing Administration Commons](#)

Recommended Citation

Citation Information: Schoene, Linda A. MSN, RN and Kanusky, Carole A. RN, MSN, CNS, "The Role of the Clinical Educator in Evaluating Nursing Competency" (2007). DigitalCommons@The Texas Medical Center, Advances in Teaching and Learning Day, *Advances in Teaching and Learning Day Abstracts*. Paper 16.
http://digitalcommons.library.tmc.edu/uthshis_atldayabs/16

The Role of the Clinical Educator in Evaluating Nursing Competency, Linda A Schoene, MSN, RN. MHHS, Houston, TX, 77074. Carole A Kanusky, RN, MSN, CNS. MHHS, Houston, TX, 77074.

INTRODUCTION: Evaluation of nursing competency is critical to assuring patient safety and maintaining high professional standards in the practice of nursing. All nurses must graduate from an approved nursing program and successfully pass the national board exam before receiving initial licensure. State boards of nursing fulfill the role of gatekeeper, seeking to assure the public that nurses provide safe, competent care. In turn, high public awareness and patient advocacy initiatives require close monitoring of nursing competency.

PURPOSE: As a result, Clinical Educators in hospital settings play critical roles in defining and validating nursing competency. The challenge for the Clinical Educator is to determine what competencies need to be evaluated and how to reliably evaluate them. The lack of consensus on both the definition of competence and the tools to measure competence make this a daunting task. In January, 2007, the Clinical Educators for The Family Place at Memorial Hermann Hospital Southwest rolled out a new format for annual competencies, recognizing that competency assessment is ongoing and dynamic.

METHODS: Based on the work of Donna Wright, specific unit competencies were identified and were designed to include all three skill domains- technical, critical thinking and interpersonal. Packets were organized for the unit staff, with a suggested time line for completion of each skill and a final deadline of June 1st. In an effort to incorporate the concept of real time assessment, RN 3's and RN 4's were trained as validators to facilitate skill check offs.

RESULTS: To date, staff response reflects enthusiasm for the unit-based competencies. The self-directed approach to completion of competencies was well-received. In addition, all competencies can be completed while they are on the unit. No additional expense beyond the hourly wage is needed. Tracking completion of competencies is accomplished by viewing the completed packets as well as computer generated reports.

CONCLUSION: Patients expect to receive competent care from health care professionals. Regulatory agencies play a role in assuring the public that this will occur. Through knowledge of regulatory requirements, sensitivity to cost-efficient methods, use of evidence-based practice and awareness of the nursing skills needed in their particular hospital setting, clinical educators play a significant role in facilitating the competent care that patients expect and deserve.