

AN ASSESSMENT PROCESS WITH A DIFFERENCE – AN AVENUE FOR NURSES TO REGAIN THEIR REGISTRATION

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ABSTRACT

This paper presents an overview of the conception, the development, and the initiation of the Competence Assessment Service. This service is an innovative program aimed at assessing competence of nurses in Queensland who are seeking restoration to the register or seeking registration in Queensland from places overseas where English is not the first language. The service providers of the Competence Assessment Service are the School of Nursing at Central Queensland University and Central Queensland Institute of TAFE.

INTRODUCTION

In the current climate of nursing, it is clear that recruitment and retention of competent nursing staff are issues for many healthcare providers and agencies. There is now a fast and cost-effective process that permits nurses to regain registration following an extended absence from the profession, and allows overseas applicants to seek registration for the first time in Queensland. This paper will discuss the Competence Assessment Service, an innovative model that is now in place in Queensland that enables nurses to return to the workforce in the shortest possible time depending on assessed levels of competence in relation to the 'Australian Nursing Council Incorporated (ANCI) National Competency Standards for the Registered Nurse and the Enrolled Nurse' (ANCI, 2000). The discussion focuses on the conception, development, and implementation of the Competence Assessment Service by a consortium consisting of nursing academics and clinicians at School of Nursing and Health Studies, Central Queensland University; Central Queensland Institute of TAFE; and the Queensland Nursing Council.

THE BACKGROUND TO THE COMPETENCE ASSESSMENT SERVICE

Nursing professionals have an inherent responsibility to maintain their level of competence so as to ensure that they can provide safe and competent care to clients. The Queensland Nursing Council (QNC), the state regulatory body, regulates this process by ensuring that all nurses practising in Queensland meet minimum standards in education, competence for practice, health, and English language skills. This also applies to nurses re-entering the profession after an extended absence of more than five years or when the

nurse has gained their registration in a country which does not have English as the first language (Anastasi & Fox-Young, 2000). The QNC also maintains quality standards of any process in place, which can include reviews, to ensure that they are contemporary and responsive to current nursing practices, including accreditation of all nursing courses currently offered within the state that lead to a recognised professional qualification.

A periodic review process led to the QNC launching a project in 1999 which focused on the, "...establishment of valid, reliable and integrated processes for the registration, enrolment and endorsement of returning and overseas qualified nurses" (Young, 1999, p.3). The broad objective of the project was to develop a mechanism to achieve this aim. Dr Susan Young, now Director of Nursing at the Wesley Hospital in Brisbane and current Chair of the Queensland Nursing Council, was appointed as the project officer.

The project required an in-depth review of the existing re-entry processes, which centred on formal re-entry programs conducted by academic institutions, or supervised practice by clinicians in healthcare facilities. A report by Young (1999), identified concerns with the curricula of the eight re-entry programs indicating that "...the breadth and depth of the curricula were disparate" (p.48). Young also identified inconsistencies in the standard and quality of documents submitted by the re-entry providers for accreditation. Findings from focus groups also raised concern, particularly in relation to the selection of participants undertaking these re-entry programs. The length of absence from nursing seemed a controversial issue, more obviously when the human resource requirements – for example, preceptor support in the clinical area – were reported to be far

greater for applicants who had been out of nursing for extended times (Young, 1999). The report from the focus groups indicated there were "... difficulties for many returning nurses to embrace the scope of contemporary nursing and the registered nurse role; and to adapt to the breadth of knowledge and skills required"(p.52). Whilst the scope of this paper does not allow for a review of this entire project, ultimately it was this project that recommended the development of a more effective method for nurses to regain registration, enrolment, and endorsement; and for overseas-qualified nurses to seek registration in Queensland – all of which hinged on the demonstration of competence. Following this review, the Queensland Nursing Council developed a model for the process as diagrammatically represented in Figure (1).

Young's (1999) project included an implementation plan. One option suggested was that the Queensland Nursing Council invite tenders for the development and implementation of the testing processes that would link the

applicant directly to the service following an initial assessment of their qualifications and a document audit. The applicant would be provided with an information resource package entitled 'Contemporary Nursing in Queensland' to assist them with their preparation for the challenge test. Tenders for the development of the Competence Assessment Service were called for in March 2000.

Central Queensland University, in collaboration with Central Queensland Institute of TAFE, responded to the invitation. A joint working party was established between the facilities, and a joint tender document was submitted to the QNC in May. In late 2000 the group learnt that it had been successful in its bid. A project manager was appointed in November, was based at Central Queensland University, and was responsible for putting together the resources and components of the program based on the model developed by Queensland Nursing Council (see Figure 1).

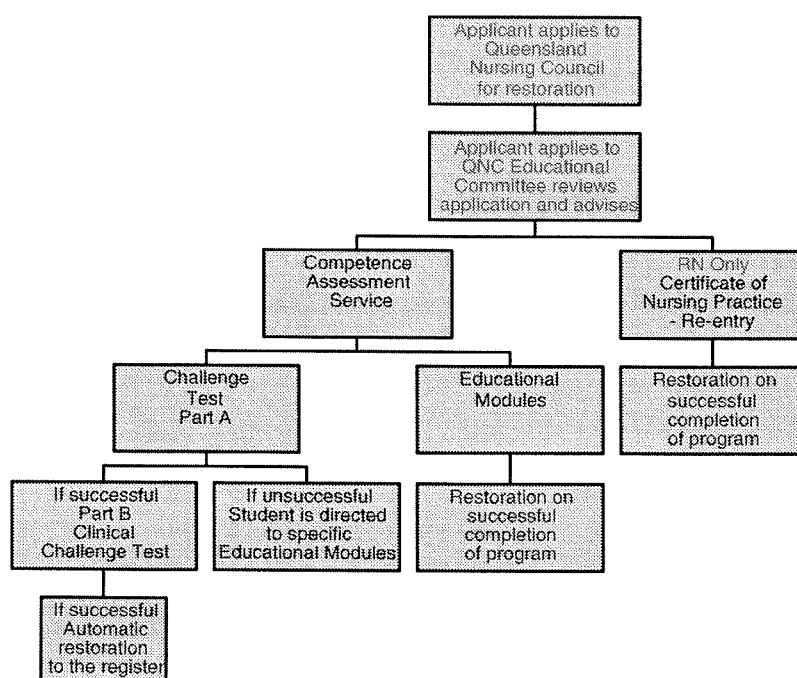


Figure (1). Diagrammatic Representation of The Competence Assessment Service Program.

THE IMPLEMENTATION

The Competence Assessment Service became operational in March of 2001. The Service consists of a two-part challenge test process and relevant educational modules. A resource package is made available by the Queensland Nursing Council, which assists eligible applicants to prepare for the challenge testing processes. Preparation by the applicant is not time limited, although is not expected to exceed 12 months without some justification.

In order to access the Competence Assessment Service, individuals seeking registration, enrolment, or restoration in Queensland are first required to submit an application and fee to the Queensland Nursing Council. A review of the applicant's initial nursing qualification and further education is made by an educational committee, which determines the eligibility of the applicant. The applicant, if eligible, is sent a self-directed learning guide, 'Contemporary Nursing in Queensland', that addresses professional, legal, ethical, cultural, clinical, and evidence-based practice issues in nursing. These are fundamental contemporary nursing issues that are essential for safe nursing practice.

The self-directed learning guide introduces the learner to the concepts and provides direction for them to access appropriate resources. The learner uses the learning guide as a self-evaluation tool as they prepare for the assessment process. The concepts and nursing issues introduced in the learning guide endeavour to assist the applicant to, "...develop the knowledge, application of knowledge, critical thinking processes, and synthesis of nursing information and skills in line with the current National Competency Standards for the Registered Nurse and the Enrolled Nurse"(Anastasi & Fox-Young, 2001 p.2).

By working through the learning guide the applicant has the opportunity for self-assessment in relation to contemporary professional expectations. The applicant is encouraged to make a personal decision as to whether they have sufficient knowledge of the content to proceed to a challenge test, or whether they have knowledge deficits that would be better addressed by enrolling in the educational modules.

The learning guide utilises the principles of adult learning in that the applicant's state of readiness to learn is considered and they have the opportunity to recognise deficits in their

skills and knowledge base. Field (1996) argues that adult learners accept the need to take remedial action to achieve learning outcomes. The learning guide is also easily accessed, either being sent directly to the eligible applicant by the QNC or is available electronically from the QNC website. The applicant is encouraged to retrieve information in a variety of ways, including both paper-based and electronic sources. Due to the inexperience of some applicants with electronic resources, they are reassured that no one way of information retrieval is any better than another.

There is flexibility built into the learning guide. The applicant can choose what to access dependent upon their needs, they can access the information when it suits them, and the scheduling of the assessment process is flexible. This allows the applicant to work through the learning guide at his or her own pace. The individual makes choices as to what to learn. Some information may build onto their prior knowledge and some issues, when studied, can raise an awareness of their limitations. For applicants who have been out of nursing for a minimum period of time – for example, between five and ten years – or have registration overseas in a country where English is not the first language, the self-directed process recognises prior learning and improves the likelihood of these applicants 'fast-tracking' their registration. The applicants are not required to re-learn information they already have mastery of nor are they locked into the formal academic semester-based programs. For applicants who have been out of the profession for longer periods, the self-directed learning process is likely to encourage them into formal programs where they benefit from full academic support.

The applicant, having worked through the concepts and issues raised in the self-directed learning guide, self-refers to the Competence Assessment Service to undertake a challenge test, when adequately prepared. The testing process determines the applicant's knowledge and understanding of nursing issues for safe practice and clinical competence.

THE TESTING PROCESS

Part A of the test is theoretical. It consists of a two-hour, multiple-choice and short-answer exam that includes legal and ethical issues, professional issues, cultural issues, clinical issues, and evidence-based practice as they relate to contemporary nursing in Queensland.

The applicant can undertake Part A in one of the many exam centres of Central Queensland University. The examination is also available at a number of venues offshore. It is not necessary for the applicant to attend any University or TAFE campus to undergo this process. The applicant can also select the date most suitable for them to undertake the testing process, according to their preparation and readiness. The examination is offered regularly, but each applicant may only sit the examination once. This flexibility and choice in when to sit for the testing, again supports the principles of adult learning.

The examination has a fully-integrated approach whereby the subject areas are tested within a scenario-based set of questions. The test is scored according to the category to which each test item relates, namely legal and ethical issues, professional issues, cultural issues, clinical issues, and evidence-based practice. Areas of deficit are readily identified and unsuccessful applicants are directed into educational modules consistent with their areas of deficit. If the applicant is successful through the theoretical component (attaining 80 percent in each of the subject areas) they can then proceed to Part B of the testing process, which is a simulated clinical challenge. If, however, the applicant does not achieve 80 percent, they are directed to the educational module specific to that subject area. These educational modules are provided by the consortium (Central Queensland University and Central Queensland Institute of TAFE) with registered nurse applicants undertaking existing courses at Central Queensland University and the enrolled nurse applicants undertaking units of the current Diploma of Nursing Care offered at Central Queensland Institute of TAFE.

Part B of the testing process is a clinical challenge test in a simulated clinical environment, which includes a simulated patient. The applicant is tested for competence in clinical skills, problem solving, critical thinking, and safe nursing practice. Testing is conducted by a Registered Nurse Assessor, who is employed by the Service. Assessors undergo a rigorous selection and training process. Assessors are required to attend workshops conducted by Central Queensland University and have suitable qualifications in assessment and training.

Applicants in Part B are tested in an adapted 'Objective Structured Clinical Examination' (OSCE) format. Harden & Gleeson (1979) discuss the basic format of the OSCE approach

whereby the student moves from station to station performing actions that require basic skills. The adaptation from a CQU perspective is that the applicant remains in the same room and with the same client. The variable that changes is the context of the given scenario. This is not unlike Bart's Nursing OSCE model (as cited in Nicol & Freeth, 1998); however, the assessor does not act as a resource person as in Bart's model. The applicant may be tested on clinical practice for up to 6 hours (including breaks) with different scenarios being posed to them. The applicant is required to respond to the clinical scenarios. The performance of the applicant is observed and recorded using assessment tools that can be adapted to suit the applicant's optimum performance style. The validity of the process of assessment is dependent upon the quality of the problem posed to the applicant, the assessment checklist (Morrison, Mc Nallie, Wylie, McFaul, & Thompson, 1996; Pfeiffer, Williams, & Regan 1992 as cited in Nicol & Freeth, 1996), and the training of both the assessor and the simulated patient.

Quality mechanisms are incorporated into the entire clinical assessment process. To ensure validity and reliability the process is videotaped. This has the potential to create some level of anxiety in the applicant, but the applicant can be reassured that it enables the assessor to review the applicant's performance should the assessor need to verify or justify the assessment made. The assessor may also draw upon the simulated patient to help validate some aspects of the assessment. Currently, another trained assessor is used as the simulated patient. The performance of skills and the demonstration of problem solving – in terms of clinical thinking – during Part B of the testing process, is based on the decision making expected of a beginning-level practitioner. The evaluation of the performance of the applicants is underpinned by the ANCI Competency Standards. To further assist in maximising performance, the applicant has the opportunity to self-reflect throughout the testing process – to identify strengths and performance gaps. By identifying gaps, the applicant can redeem oversights and omissions.

This modified approach to the OSCE format has not been tested often enough to date to identify potential limitations. However, feedback loops exist between the assessors on the day, and in formal feedback processes to the Competence Assessment Service Manager. Alterations and adaptations can be made throughout the assessment process to meet the needs of the

applicant. Video replay is a strategy in place to try and ensure consistency between assessors and, over time, validity and reliability in the testing process. Applicants who are successful with the clinical challenge Part B are immediately recommended by the Service to be registered by the QNC. If the applicant is not successful, they will be required to complete the clinical educational module, which includes a clinical placement component.

THE CLINICAL EDUCATIONAL MODULE

The 'Clinical Nursing Practice' module is one of the four educational modules that unsuccessful applicants may be required to complete. Progress to the educational modules is dependent on the applicant's gaps as demonstrated throughout the testing process. Some applicants may choose to bypass the challenge testing process completely and opt to complete all four educational modules instead. Applicants may reach this decision following self-assessment at the self-directed learning guide stage. Applicants can proceed to educational modules at any time. The learning modules are direct-entry format and incur a cost of \$800.00 each. Each module has two assignments for assessment, and no examinations.

Similar to Part B of the testing process – that uses the OSCE format – the Clinical Nursing Practice module requires the applicant, referred to now as a student, to demonstrate competent and safe nursing practice in a clinical setting. The student undertakes a minimum of 160 hours in a clinical setting in a preceptored relationship. The clinical practicum gives the student the opportunity to revisit and update many clinical skills. As argued by Nicol & Freeth (1998), "...the mastery of fundamental clinical skills is an important component of courses leading to registration" (p.601). The assessment of competency is again based on the Australian Nursing Council Incorporated (ANCI) Competency Standards. The student has a choice of when and where to complete the practicum. Clinical organizations, namely hospitals throughout Queensland, which support students in preceptored relationships, may have the opportunity to recruit the student at the end of the process. This is a significant issue considering the impact of staff shortages on healthcare organizations. Ideally, the student selects an organization for clinical placement which they view as being a potential place for employment once they have regained their

registration or enrolment. Negotiation occurs between the Competence Assessment Service and the student's preferred clinical organization. A service agreement is confirmed and the organization selects a preceptor to support the student. Preceptors are supplied with resources to support them in their role. Such resources include, staff development, information packages and ongoing telephone support.

There are several prerequisites that students must have prior to proceeding to clinical practice. These include current immunisation, the completion of a drug competency test, evidence of current cardio-pulmonary resuscitation skills, a completed confidentiality declaration, and specific theoretical requirements of other educational modules.

The clinical experience is an immersion experience that reorients the student to the nursing role. It has, of necessity, an assessment focus, and the student may be well justified in feeling that they are, according to Fahy & Lumby (1988), "...being watched, criticized and given a mark" (p. 6). This is necessary if the student is to demonstrate to the preceptor clinical competency and safe nursing practice. The preceptor may face challenges as they try to validate the grading they give to the student and deal with the issues which influence the whole immersion process. Assessment of clinical performance is judgemental as it involves human beings who are influenced by a variety of issues, and a preceptor's judgements may reflect personal values, attitudes, beliefs, biases, and prejudices (Reilley & Oermann, 1985). The preceptor requires support to facilitate a positive experience for the student. In this program, the preceptor is supported by a facilitator from the Competence Assessment Service, who can guide them in the application of the Competency Standards and assessment processes in general. The applicant is assessed using an assessment tool based on the ANCI Competency Standards. Whilst the scope of this paper is not to discuss the strategies preceptors use to assess students, it is important that preceptors undertake this process most seriously. The student must be assessed at a beginning-practitioner level. The preceptor must be aware that the student from this service is unlikely to enter a graduate support program, as would an undergraduate student.

CONCLUSION

For applicants who have progressed through the Competence Assessment Service, standards have been reached and competence has been confirmed. Whilst this program is still in its infancy, the scope of it is significant. Such a program may become a benchmark for not only other states within Australia, but also serve as a framework for other professions in which competency needs to be tested. The Competence Assessment Service is a flexible and cost-effective process that guarantees to the state regulatory body, the Queensland Nursing Council, that successful applicants are indeed competent and safe nursing practitioners, eligible for registration in Queensland. The competence of nurses is paramount to ensure that safe and effective nursing care is delivered to all clients.

REFERENCES

- Australian Nursing Council Incorporated (ANCI). (2000). *ANCI National Competency Standards for the Registered Nurse and the Enrolled Nurse (3rd ed.)*. Available from the ANCI website at <http://www.anci.org.au/competencystandards.htm>
- Anastasi, J., & Fox-Young, S. (2001) *Contemporary Nursing In Queensland, Self Directed Learning Guide*, Brisbane: Queensland Nursing Council.
- Fahy, K., & Lumby, J. (1988). Clinical assessment in a college program, *Journal of Advanced Nursing*, 5, 5-9.
- Field, L. (1996). *Skilling Australia – a handbook for trainers and TAFE teachers*. Melbourne: Longman Australia Pty. Ltd.
- Harden, R. M., & Gleeson, F. A. (1979). Assessment of Clinical Competence using an objective structured clinical examination (OSCE). *Medical Education*, 13, 41-54.
- Nicol, M., & Freeth, D. (1998). Assessment of clinical skills: a new approach to an old problem. *Nurse Education Today*, 18, 601-609.
- Reilly, D., & Oermann, M. (1992). *Clinical Teaching in Nursing Education (2nd ed.)*. New York: National League for Nursing.
- Young, S. (1999). *A Study To Develop A Valid, Reliable And Integrated Mechanism For The Registration, Enrolment And Endorsement Of Returning And Overseas Qualified Nurses Final Report*. Brisbane: Queensland Nursing Council.