

Self assessment of tiger nursing informatics competencies

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Self-assessment of Tiger Nursing Informatics competencies May 28, Self-assessment of Tiger Nursing Informatics competencies McGonigle and Mastrian identify (2011) different levels of practicing nurses and information technology competencies that are expected of the four levels. As a registered nurse with 20 years of experience, though not as an informatics specialist, the authors' recommendations expects my expertise in using computer applications and management of information for supporting nursing roles in my specialty areas. In addition, the recommendations expect a level of expertise in data analysis for understanding trends from data besides cooperation with information specialists for addressing nursing issues. These are consistent with recommendations of the Technology Informatics Guiding Education Reform (Finkelman & Kenner, 2014).

My clinical information management, based on the self-assessment, identifies a weakness. As a registered nurse, I should be skilled in computer technology applications and data analysis for informed care decision and this requires ability collect, record, manage, analyze, and interpret data. My self-analysis results, however, identify competence in a majority of clinical information management measures, an indicator of average potential. My best scores were proficiency in ensuring data confidentiality and data security, with no expertise score in a single measure. Retrieval of information from stores was the most challenging of clinical information management aspects. There was however better results on information literacy as about 50 percent of my scores were proficient. No expertise score was reported and novice scores were limited. Analysis of information and information sources were the most challenging aspects. My basic computer

competencies were however outstanding with expertise score in most of the measures.

Comparative analysis of my current competencies identifies weaknesses in application of data for nursing purposes. Competencies in computer applications for data entry, management, analysis, and interpretation are recommended for my professional qualification and experience but I am below average in related measures that correspond to clinical information management and information literacy. Age barrier, having trained and entered the nursing profession before integration of high-level of information technology into the nursing profession explains my weakness. My areas of specialty, that have required minimal application of computer competencies and information literacy explain my weakness. I have worked in long-term care, psychiatric, and correctional nursing, areas that may require application of existing information for best practice, but are not dependent on data collection, management, and analysis. Evidence-based practice through use of results and recommendations from empirical studies are sufficient to inform practice in my areas of experience and have influences my practice. These have not identified need for further informatics competencies but I now understand that it is a responsibility of all nurses to attain a level of competency computer application and information literacy. I have a level of computer competency that is below expected NI competencies. Even though my areas of experience have not required a high level of competency, improvements in clinical information management and informatics literacy are necessary. The fact that my weaknesses are average, and not critical, suggest ease in improvement, despite the

generational gap that may inhibit my efforts.

References

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