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There are many core competencies needed by a graduating student into the field of nursing. Many are defined, but many also remain unnamed. This paper will address only three of those defined core competencies.

The difference between a new nursing student and a senior one can be seen in many ways, but can still be difficult to define. The knowledge base and experience level is greater in the graduating nurse, and these can be measured by standardized testing and observation. The difference that is more difficult to measure in the senior nursing student can be seen in the confidence and competence displayed in providing physical and emotional care in the course of this/her daily work.

Discussion

Collaboration

Collaboration is a competency that is used continually in the medical field, especially demonstrated by nurses. “ Collaboration is a substantive idea repeatedly discussed in health care circles. The benefits are well validated” (Gardner, 2005). Gardner continues, stating that “ a collaborative outcome is the development of integrative solutions that go beyond an individual vision to a productive resolution that could not be accomplished by any single person or organization” (2005).

Although it is the responsibility of all team members involved in client care to communicate and contribute in the decision making process, it is the nursing staff that is key in the client care management. Social and interpersonal skills need to be sharp in order to provide the client with the best outcomes. the nurse is the liaison of the client to other members of the team, as well as the advocate. Without proper communication, it is difficult to provide quality care. “ Interdisciplinary collaboration is critical to excellence in patient care delivery” (Ponte et al, 2010).

Collaboration may best be facilitated in the classroom initially in small discussion groups. After the groups have had time to discuss their topics, the smaller groups can then be convened into the large classroom structure. Collaboration can be learned in every setting, so the clinical area is also an important environment in addition to the classroom. In either setting open, friendly, and supportive conditions foster the best communication.

In the classroom setting, students would be assigned to roles commonly found in the medical environment (nurse, physician, pharmacist, patient, family member, nursing assistant, etc). A mock scenario would be created by the teacher, and the students assigned would be asked to role-play in front of their remaining classmates. A group discussion would then ensue, evaluating and examining each perspective. The next scenario would then be assigned, and this would continue until everyone in the class had a chance to participate.

In order to evaluate this thoroughly, the students would present their role-play discussions in front of the the class while being video-taped. The interaction from the class response would be educational, as well as the the group being able to watch themselves replay on video. In this way, each person in the group would be able to effectively examine his/her demeanor, body language, and effectiveness of communication during their presentation. The students would be evaluated from a checklist designed by the instructor and surveys to be completed by the class, their fellow teammates, and finally themselves.

In a clinical situation, the nursing student would be observed and evaluated during his/her interactions randomly over the course of their shift. The evaluation would not only come from the instructor, but include anyone the nursing student came in contact with. People such as their preceptor, other nurses, physicians, patients, unit secretaries, etc, would be asked for their input regarding the student’s abilities to communicate and collaborate well with others via a questionnaire. The questionnaires would be collected and evaluated by the class instructor(s).

Quality Improvement

Equally important in nursing as collaboration is the process of quality improvement (QI). It has become a national standard, and “ improving health care quality and patient safety are currently high on the national health agenda, a focus that will only intensify going forward” (Draper et al, 2008). Increasing demands for quality care are driving the medical field to become more accountable and “ as hospitals face increasing demands to participate in a wide range of quality improvement activities, they are reliant on nurses to help address these demands” (Draper et al., 2008).

According to the Arizona Board of Nursing, Quality Improvement (QI) is an “ enabling competency” (2011) for nurses. The QI process is important because it “ involves both prospective and retrospective views” (DUMC, 2005). The process of QI is designed to inspire honest, open discussions and engage medical providers in evaluating the best course of treatment regarding patient care.

The initial introduction to the QI process can take place in the classroom setting, with the teacher acting in the facilitator role. The teacher would choose a high-profile medical case, or one that embodies a current medical trend or issue, and have the students break into small groups to discuss it. Engaging the students in an interesting topic may spark participation and encourage learning. Keeping the discussion open-ended and free of judgement would also help to facilitate a comfortable atmosphere for class involvement, as would establishing small focus groups for discussion.

Another style of learning is the social or interpersonal approach (Learning Styles, 2012). Since the clinical setting is a powerful teacher, the senior student would be included in the daily patient rounds and the monthly QI meetings that discuss positive and negative patient outcomes. In this way, the student can learn first hand the implications of good and inadequate patient care, and how it impacts not only the patient/family unit, but also the effect on the care providers and health care system. This will also serve as an example of how to conduct bias-free evaluation of the clinical situation.

In order to evaluate this competency, the student would be required to keep a daily journal for the clinical setting, documenting the lessons learned from each of their assigned patients, being careful to not include any identifying personal patient information. The student would hand the journal in for evaluation of compliance, then be given back to the student for future reference. The student would also be asked to discuss one case presentation in front of the class, including the positive and negative lessons that can be drawn from the treatment in the case. A rubric would be used to assure that all students cover a standardized format, also assisting the student to clarify their priorities when presenting to the class. According to Billings and Halstead (2012), “ rubrics provide clear direction for graders and promote reliability among multiple graders” (p. 491).

The class would then be open to discussion of each case, whether originating in the classroom or clinical setting, resembling and preparing the students for the QI process. Class participation regarding both of the above teaching-learning styles would be encouraged by offering points towards their grades, correlating with their level of involvement in the discussion.

Although this process can be initiated early in the nursing students’ education, it can be adjusted in difficulty level for the graduating students. A complicated case would be presented to the senior students, and more input would be required from them, including the interpersonal patient and family perspectives and impact on the health care system. This level of discussion would not be required of the first year students.

Research
Interrelated with the above two competencies, research in the nursing field is also a predominate factor in the future of nursing. According to the American Association of Colleges of Nursing (2008), “ the baccalaureate graduate uses research findings and other evidence in designing and implementing care that is multi-dimensional, high quality, and cost-effective” (p. 9). It is another component of providing high quality client care, which is expected of the graduating nurse. According to Tingen et al, “ nursing research has a tremendous influence on current and future professional nursing practice, thus rendering it an essential component of the educational process” (Tingen et al, 2009).

As for a research project, the instructor can use a completely different approach than those described above. In this case, the teacher can act as a delegator, where a project is assigned to each student. The parameters would be defined, such as subject matter and completion timeline. The student would then have the freedom to complete the assignment within that framework. The teacher may discuss this early in the semester with the students, allowing them ample time for completion. Establishing set parameters would direct students towards the appropriate goals of the assignment. The teacher would be available as needed for consultation purposes during the course of the assignment, however the student is responsible for his/her learning.

In this case, the teacher can assign a group or individual project. Since so much emphasis has already been placed on the collaborative process, it would be wise to assign this as a solitary or intrapersonal learning style (LearningStyles, 2012). The same research topic can be assigned to each student, making the evaluation of learning standardized. The student would not only be assessed on content and format of the paper, but a pre- and post-test could be given on the subject to evaluate if there was an increase in the student’s knowledge of the subject.

Conclusion

The teacher provides the classroom education and clinical activities, it is the student that learns from these experiences. Each student will learn in a different way. “ Determining the quality of student learning is an ongoing challenge to all educators” (Edwards et al, 2001). It is therefore ongoing and ever changing.

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