

# **Promoting Competence through Critical Self-Reflection and Portfolio Development: The Inside Evaluator and the Outside Context**

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## **Context for Required Competence**

The nursing profession, like so many others, is increasing its emphasis on assessing, promoting and documenting continuing competence of its members. Consumers expect it, employers require it, and nurses need it for contemporary practice. Nurses are coming to terms with the fact that even though they are degreed, licensed and certified, they need to continue to learn and become increasingly competent for ever-changing practice requirements. Until recently, many nurses believed they could maintain competence simply by working in a nursing position. Although many states require continuing education as a condition for relicensure, it is commonly accepted that many nurses obtain the hours of CEUs without necessarily becoming more competent. Some resent the requirement, see little benefit of programs available to them, or take a casual attitude toward programs that could be useful if implemented. Competence in and for actual practice is not the same as working as a nurse, fulfilling CEU requirements, or maintaining a license. Extraordinary and rapidly changing healthcare environments, technology and related demands require corresponding and increasing competence of practitioners at all levels, in all positions, and in all settings. Continuing competence, therefore, is a critical topic for discussion, decisions and planned implementation.

The issues in question are: What are the competencies? How much competence is enough? And, what are the most effective and efficient methods to promote and assess performance competence? This article proposes some recommendations for discussion and implementation. The COPA Model (described elsewhere) is uniquely designed to promote performance-based competence and is applicable in practice as well as educational settings. In addition, initial and continuing competence can be enhanced by implementing a system of guided self-reflection with documentation of competence in an evidenced-based, self-maintained professional portfolio. This article briefly describes this approach.

## **Core Practice Competencies**

The focus on continuing competence requires creative deliberation and redefinition of the categories of practice competencies and related skills. In the COPA Model (Competency Outcomes and Performance Assessment model), Lenburg (Lenburg, 1999 a, b) identified eight core practice competency categories that efficiently encompass the constellation of abilities nurses need for contemporary practice. These competencies are Assessment and Intervention, Communication, Critical Thinking, Human Caring Relationships, Management, Leadership, Teaching, and Knowledge Integration. They are applicable in all types and levels of practice, including clinical, educational, administrative, and other, and in institutional, community, or other settings. Essentially every significant activity

nurses engage in can be positioned under one or more of these categories. Figure 1 outlines the Lenburg core practice competencies with examples of related subskills. Particular subskills required for specific practice need to be developed by those in that practice. In fact, these competency categories are so universal that Lenburg presented them as applicable to multiple and diverse work environments at Vice President Al Gore's 1998 White House Summit: 21<sup>st</sup> Century Skills for 21<sup>st</sup> Century Jobs, sponsored by the US Departments of Commerce, Labor, and Education.

These eight competency categories are deliberately flexible enough to encompass multiple, diverse and specific subskills that apply to particular environments and levels of practice (Lenburg, 2000; Luttrell, et al, 1999; & Redman, et al, 1999). They provide a comprehensive framework to identify particular subskills under each category that subsequently can be used to assess, develop and document competencies for specific practice. Whether nurses work in cardiac, nephrology, orthopedic, pediatric, geriatric, or a host of other settings, these competencies apply. Whether the practitioner works in clinical, educational, administrative, research, or healthcare monitoring positions, these competencies apply. Whether the nurse works in institutional, community, occupational, or a health-related business, they apply. Whether the individual has a diploma, associate, baccalaureate or masters or higher degree, they apply. In each case, the specific and mandatory skills will be identified and applied to the particular domain of practice by those involved. The competencies and details pertaining to development, implementation, and evaluation of the COPA model are described in several articles in the September 1999 issue of the *Online Journal of Issues in Nursing*.

### **Self-Reflection Promotes Practice Competence**

Practice competence is an individual professional responsibility, although it commonly is regarded as an externally imposed requirement by employers and accreditors. The irony is that when competence is considered a required and regulated process of evaluation and expectation, it often is threatening and resented, yet when it is claimed as a professional self-responsibility, it often is ignored (Bargagliotti, et al, 1999). Hence, the dilemma is how to insure competence in all levels, types and conditions of practice, and simultaneously promote individual pride in practice abilities for the sake of patients and clients, and career enhancement. Multiple professional organizations have been working on this issue for the past few years, and increasingly it is the topic of publications and meetings locally, nationally and internationally. The challenge is to create a system of promoting, implementing and documenting competence that maximizes individual accountability with the support of other external sources, such as employers, accreditors, coworkers, and associations.

Systematic, deliberate, and focused self-reflection is an under-valued tool for enhancing individual accountability for continued competence. Used as a tool for professional development, it is a potent form of critical thinking and is the most solid basis for improving quality practice. When practitioners take responsibility for individual self-assessment within the context of a specific framework that outlines expected competencies and subskills, they are more motivated to actively engage in self-

improvement with less resentment. Such self-reflection that focuses on building self-respect, self-confidence and pride in performance, rather than on criticisms and failures may persuade practitioners to take more active responsibility for improving essential competencies. The challenge here is to facilitate such motivation to action.

To be most effective, however, the process needs to be used in conjunction with some variation of regular external competency evaluation to meet accreditation standards (Lenburg, 1999 a, b; Lenburg & Mitchell, 1991). Implementing a plan that requires deliberate, individual thoughtful reflection about the quality and completeness of practice performance is suggested as a contemporary adjunct to other measures. It is used within a given context, using a realistic and specific framework and a simplified protocol consistent with the characteristics of the workplace. Such a plan seems worthy of further development and systematic trials in different environments.

### **Realities of Implementation**

Using self-reflection as a vital part of promoting competence requires changes in attitudes as well as practices. Frequently heard comments reflect the frustration with the emphasis on competency evaluation: I have no time for constantly thinking about what I do, or self-evaluation. Or: I don't need more requirements that take time from work; I'm doing the best I can do already. Frantic, stressful, and excessively demanding work conditions are barriers to improving the quality of practice. Just getting basic assignments completed seems to require Herculean efforts, whether nurses are in clinical, educational or administrative positions. Changes related to mergers, inadequate staffing, increased ratios of unlicensed personnel, complexity and technology in the workplace, ever-tightening budgets, in conjunction with generally negative attitudes about evaluation of performance, all impose serious barriers to implementing effective and efficient systems of competency assessment and improvement. Nonetheless, performance evaluation is essential and not likely to disappear; effective methods to minimize the stress and negative outcomes of the process are needed, and sooner rather than later.

### **A Recommended Approach**

Some nursing organizations and associations are exploring the use of the professional portfolio, also referred to as a profile, as a means to document competence. In an article in *The American Nurse*, Trossman (Trossman, 1999) writes: Simply put, a professional profile is a comprehensive document completed by the nurse that details the current state of his or her practice, background, skills, expertise and, perhaps most important, a working plan for professional growth. She describes the portfolio from the perspectives of different models and the American Nurses Association, and also reviews the good and the problematic aspects. It is an informative and helpful article. Other publications that describe portfolios in detail are available, including those cited in the reference section below.

The proposed approach presented here integrates components of the COPA Model, including its constellation of core practice competencies as the basis for learning,

assessment and documentation, guided, critical self-reflection, and evidenced-based professional portfolios. This requires that individuals, regardless of practice setting, preparation, and position, take responsibility for the following actions:

- a) engage in deliberate self-confrontation and reflection about their own performance, using designated criteria and format;
- b) document evidence of continuing competence within the context of stated practice requirements, using the designated criteria, format, and schedules of the portfolio;
- c) create and periodically adapt an individual plan for meeting competency requirements and improved quality performance; and
- d) prepare for the validation of competence through a system of objective performance assessment conducted by employer-designated representatives.

Nurses can promote the quality of their own continuing practice competence by taking active responsibility to engage in systematic and deliberate critical self-reflection, and using a self-maintained, competency-based, evidenced-based, professional portfolio to assess and document past and ongoing practice and activities and plans for quality improvement. External performance evaluation by others, though often resented, is an essential part of the process. Significant improvement in practice competence, however, can be achieved only when the individual nurse takes time and responsibility for critical and guided self-reflection and documentation within the context of evolving and escalating expectations, and then takes the actions necessary to improve competence.

## References

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Figure 1. Lenburg's Categories of Core Practice Competencies with Examples

1. Assessment and Intervention Skills
  - a. safety and protection
  - b. assessment and monitoring
  - c. therapeutic treatments and procedures
  - d. health care technology
2. Communication Skills
  - a. oral skills
    1. talking, listening, reflective feedback
    2. interviewing; history taking; data collection
    3. group discussion, interacting, processing
    4. coaching, telling, showing
    5. reporting, verifying
  - b. writing skills
    1. clinical reports, histories, care plans, charting, documentation
    2. agency documents: reports, forms, memos, letters
    3. articles, manuscripts; proposals

- c. computing skills (information processing; using computers)
  - 1. related to clients, clinical documentation
  - 2. related to employing institution/agency, other authorities
  - 3. related to inquiry and research
  - 4. related to professional, interdisciplinary, and personal responsibilities
  
- 3. Critical Thinking Skills:
  - a. integrating pertinent data from multiple sources
  - b. problem solving; diagnostic reasoning
  - c. decision making; reflective judgment; prioritizing
  - d. scientific inquiry
  - e. innovation; invention; creating alternatives
  
- 4. Humanistic Caring and Relationship Skills
  - a. morality, ethics, legality
  - b. respectful, cooperative interpersonal relationships
  - c. cultural respect
  - d. advocacy
  
- 5. Management Skills
  - a. administration, organization responsibilities
  - b. planning, delegation, supervision of others
  - c. inter- and intra-disciplinary coordination
  - d. human and material resource utilization
  - e. accountability and responsibility; performance appraisal and quality improvement
  
- 6. Leadership Skills
  - a. collaboration; negotiation
  - b. creativity, vision, wisdom
  - c. assertiveness, persuasion, risk-taking, conviction
  - d. planning, anticipating, supporting with evidence
  
- 7. Teaching Skills
  - a. individuals and groups
  - b. health promotion; health restoration
  
- 8. Knowledge Integration Skills, related to: humanities, sciences, nursing and allied health disciplines

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