Crisis in Competency: Evaluating Bedside Performance in Undergraduate BSN Nursing Students

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Preventable medical errors are occurring at alarming rates in U.S. hospitals with an estimated 440,000 patients dying annually (James, 2013). With nurses spending many patient care hours at the bedside, they are positioned to be the sentries of patient safety. To safely care for patients in today’s healthcare environment, nurses must be competent and vigilant in their assessment and actions as an integral member of the healthcare team.

Nursing competency is defined as the ability to assess a patient situation and be able to identify potential or actual problems and intervene appropriately to ensure best outcomes. Competency is the skill and ability to select a course of treatment or actions to facilitate the return of the patient to optimum health. Failing to recognize or act on a decline in a patient’s clinical condition is defined as a failure to rescue (Herron, 2018).

New graduate nurses lack the experience and clinical reasoning skills to identify a change in patient condition before the presentation of an emergent situation (Herron, 2018). Del Bueno (2005) reported that 65% of new graduate nurses cannot critically reason. Unfortunately, Kavanagh & Szweda (2017) report the number of new graduate nurses that cannot clinically reason and therefore are not safe to practice has grown to 72%. It is imperative that nurse educators take swift and bold action to reverse this travesty of underprepared nurses.

Although many studies have discussed the imperative to teach nursing student’s clinical reasoning skills, there is a paucity of research measuring the effective use of High-Fidelity Patient Simulation (HFPS) in the assessment of nursing student’s clinical reasoning ability. Mok, So, and Chung (2016) suggest that the use of HFPS are equally effective in the teaching of clinical reasoning. However, their research doesn’t address the use of HFPS to assess a student’s ability to critically reason. The Nursing Students Competence Instrument (NSCI) has been determined to demonstrate an acceptable level of reliability and validation in determining student nurse competency (Lin, Wu, Hsiao, Han, & Hung, 2017). We would like to demonstrate the implementation of an assessment tool based on the NSCI that utilize HFPS to assess student’s competency. To help alleviate this crisis in nursing competency, we have developed a faculty driven assessment to help identify gaps in the students’ ability to apply nursing knowledge to given patient scenarios and to think critically. This process utilizes HFPS and presents the student a planned scenario to assess their ability to safely assess and apply nursing knowledge in the given scenario. Throughout the curricula, we have leveled the
assessment tools to align with the current ability of the student based on the level of expected learning at the point in the curriculum. There are three levels of assessment given at three leveled points in the curriculum. The first assessment takes place during Adult Health course, the second in Pediatrics course and the third assessment occurs in the Capstone or final course. With each assessment, the rigor is increased to coincide with the expected knowledge level and the students’ ability to apply this knowledge to safely care for the patient.

The evaluation process is based on selected areas of expected performance to include critical thinking, assessment skills, effective communication (AIDET), general safety, medication safety, infection control and appropriate nursing interventions. Assessments are scored to reflect the students’ ability to perform to expected levels of current place in the curriculum. Remediation is required for students who fail to meet standard performance expectations.

Data has shown that, after a year of collection, an improvement in performance as the student progresses through the program. In addition, anecdotal evidence from new graduate nurses reveal that they are much more comfortable in their new role, and in comparison, feel better prepared than their colleagues from other programs.

When concept gaps are identified within the curricula, we can adjust our course content to address the identified deficits. We are identifying, developing and threading core concepts across the curricula to facilitate deeper learning in our students. We believe this assessment will continue to improve our students’ learning outcomes, clinical performance and ultimately will improve patient outcomes and save lives.

Title:
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Keywords:
Assessment, Competency and Critical Judgment

References:

**Abstract Summary:**
Participants will be introduced to the Nurse Practice Integration Assignment utilized in a Nevada undergraduate BSN Nursing program. Students identify and intervene in a decline in patient condition. This model utilizes High-Fidelity Patient Simulation to challenge students to utilize critical judgment in a controlled environment.

**Content Outline:**
1. Introduction
2. Crisis in competency
3. The Nurse Practice Integration Assessment (NPIA) Model
   1. New graduate nurses lack the experience and clinical reasoning skills
      1. Del Bueno (2005) reported that 65% of new graduate nurses cannot critically reason.
      2. Kavanagh & Szweda (2017) report the number of new graduate nurses that cannot clinically reason and therefore are not safe to practice has grown to 72%.
4. Concept gaps are identified within the curricula
   1. We are identifying, developing and threading core concepts across the curricula to facilitate deeper learning in our students
5. NPIA and the Nursing Students Competence Instrument (NSCI)
   1. Demonstrate an acceptable level of reliability and validation in determining student nurse competency (Lin, Wu, Hsiao, Han, & Hung, 2017).
   2. We will demonstrate the implementation of an assessment tool based on the NSCI that utilize HFPS to assess student’s competency.
6. Data shows improvement in student abilities
   1. Data has shown that, after a year of collection, an improvement in performance as the student progresses through the program.
   2. Additionally, anecdotal evidence from new graduate nurses reveal that they are much more comfortable in their new role, and in comparison, feel better prepared than their colleagues from other programs.
7. Conclusion
   1. This assessment will continue to improve our students’ learning outcomes, clinical performance and ultimately will improve patient outcomes and save lives.

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Author Summary: Dr. Siemers is Campus President of the Arlington Campus of Chamberlain University school of Nursing. As a professor she has specialized in critical care and developed curricula regarding failure to rescue. Her work in new graduate competencies continues with the development of the Nurse Practice Integration Assessment and the use of High-Fidelity Patient Simulators for the assessment of nursing competency.

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Author Summary: Allen Perez is in his Doctorate of Philosophy courses and a Nursing Instructor at Chamberlain University College of Nursing in Las Vegas, Nevada. With ten years experience in emergency nursing he has worked with new graduate nurses extensively and has identified gap in education related to identifying declines in patient conditions. During his five years of teaching experience he has worked to increase student competencies related to patient assessment and identifying patient condition.

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**Author Summary:** Professor Cynthia Gorham has over twenty-five years experience in nursing included leadership, education, staff development, nursing administration, and critical care. As an Assistant Professor she has been lead faculty in Medical-Surgical Nursing, Pediatrics, Leadership, and Critical Care. Professor Gorham is a current member of the Nevada State Board of Nursing's Committee on Nursing Practice where she is instrumental in the development of curricula focusing on aligning nursing competencies and assessment of student learning.