Competency Testing: Evaluating a BSN Student’s Readiness for Transition to Practice

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Objectives

- Define the concept and purpose of competency testing using the Objective Structured Clinical Examination (OSCE) in an undergraduate baccalaureate nursing program
- Identify considerations in the design of a competency test
- Evaluate competency testing’s role in the evaluation of readiness for transition to practice
Academic-Practice Gap

Nursing Education

Nursing Practice
Competency Testing

- **What is Competency Testing?**
  - Assessment of competence should use more than one indicator
  - Limited evidence about the most effective or reliable indicators to use
    - Direct clinical observation, portfolios, OSCE’s and virtual reality

- **Driving Forces**
  - Commission on Collegiate Nursing Education Task Force (CCNE)
  - National Council State Boards of Nursing (NCSBN)
  - Northeast Ohio Action Coalition (NEOAC)
Objective Structured Clinical Examination

- **Objective** - all students assessed using exactly the same stations with the same critical elements
- **Structured** - single objective - carefully structured to integrate all elements of the curriculum and balance between psychomotor skill, soft skills and clinical judgment
- **Clinical Examination** - students demonstrate application of knowledge skills and attitudes within the context of a simulated clinical setting
Design

- **Objectives**
  - Evaluating students’ preparedness for transition to practice
  - Identifying opportunities for teaching and learning
  - Evaluating key program outcomes [authentic measure]

- **Principles Guiding Design**
  - Deliberate Practice
  - BSN Essentials
  - QSEN Competencies
  - Ohio Action Coalition Competency Model
  - Feedback from Practice Partners
Design

- Station alignment with level/program outcomes/practice partners feedback
  - Quality and safety
  - Unfolding case study
  - Assessment
  - Medication administration
  - Delegation
- Escalation of difficulty and stakes throughout curriculum
- Scenario and rubric design
- Panopto video recording
Mrs. Brown is a 55 year old female that was admitted four hours ago with epigastric pain. She had been experiencing fatigue and indigestion on and off for the past three days. Mrs. Brown’s past medical history includes HTN, hyperlipidemia and DM. She has no known allergies. Her admission assessment indicated Mrs. Brown was pink, warm and dry, capillary refill was brisk, all peripheral pulses were 2+, no edema noted, lung sounds were clear and equal bilaterally, abdomen was soft non-tender upon palpation and bowel sounds were active and present in all four quadrants. Upon admission her vitals were:

BP 138/85
HR 82
Respiratory rate 20
SPO₂ 98% on RA
Monitor pattern

After receiving report from the off going RN you go to assess Mrs. Brown. She states she has pain in the epigastric area that she describes as a “burning fullness” that radiates to her back and neck. She also states she feels a little short of breath. Upon physical assessment Mrs. Brown is diaphoretic, pale in color, capillary refill is > 3 seconds, peripheral pulses are 1+, lung sounds are clear and equal bilaterally, her abdomen is soft, non-tender upon palpation and her bowel sounds are active and present in all four quadrants. When asked about any other pain or symptoms Mrs. Brown states she feel nauseated. Her vitals are:

BP 165/95
HR 100
Respiratory rate 24
SPO₂ 94% on RA
Accucheck is 105.
Monitor pattern

Admission labs included a CBC, BMP and liver enzymes. All findings were normal except the following:

Hgb 10.9
K⁺ 3.3
Glucose 112

Question 1. What is happening with Mrs. Brown?
Question 2. What is your priority nursing diagnosis for Mrs. Brown?
Question 3. What would you include in your report to the provider (utilize the SBAR format)
Question 4. List the orders anticipated in order of priority to complete
Gonzales, Carmen
DOB: 8/1/58
MR#: 28346-36

Allergies: **NKDA**

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<td>4/1</td>
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<td>1000 mL of D5W at 100 mL/hr</td>
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<td>Simple Face Mask 5 min</td>
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Assessment
Medication Administration
Assessment and Medication Administration

- Station Evolution and Challenges
  - Directed vs. Problem Based
  - Psychomotor vs. Clinical Judgement
  - Resources
    - Human
    - Equipment
  - Interrater Reliability
  - Fidelity
    - Evaluator
    - Patient
Delegation Station
Delegation

- Opportunities for Station Improvement
  - Active Application vs. Reactive Identification
  - Knowing what's right vs. doing what's right
  - Human Interaction
Methods

- Exploratory cross sectional study
- Sample: 137 BSN students
- Chi Square Test of Association utilized to:
  - Evaluate relationship between successful completion of each station and first time NCLEX passage
  - Evaluate relationship between ATI pharmacology proctored assessment performance and first time NCLEX passage
Results

- Significant relationships with first time NCLEX passage
  - Quality and Safety (1, N=137, = 6.79, p<.01)
  - Unfolding Case Study (1, N=137, = 9.45, p<.01)
  - ATI Proctored Pharmacology Assessment (1, N=137, = 9.49, p<.01)
Limitations & Implications for Future

- Limitations
  - Convenience sample
  - Instrument reliability and validity
  - Longitudinal follow up

- Implications for Future
  - Instrument development
  - Preparation for Next Generation NCLEX
  - Station design
    - Testing environment
    - Emphasis on clinical judgement/decision making
QUESTIONS