



CORE COMPETENCIES

Society of Pediatric Nurses | Evaluation of Residency Core Competencies

Purpose

The purpose of this evaluation is to document the resident's progress and achievement of the Residency Core Competencies which extend beyond tasks, skills or orientation goals. This is a formative and criterion-based evaluation, expected to occur over time (Oermann and Gaberson, 2017). Competence is a measure of trust—what “can be safely entrusted to someone who has shown the required ability” (ten Cate, 2005).

The core competencies identified in this document require both individual and team participation. Measuring achievement over time with self-evaluation and peer-evaluation will supply evidence that the resident has achieved competence at the end of the residency experience.

Timeline

Baseline Assessment

1. Resident identifies areas of strength and weakness and specific learning needs for the residency.
2. Preceptor and/or designee complete and initial assessment of core competencies.
3. Initial assessments compared and plan developed for residency experience.

Midpoint Assessment

1. Resident identifies core competencies achieved, areas not addressed to date, specific needs for additional learning opportunities.
2. Preceptor and/or designee evaluates resident progress to date, specific areas of achievement and suggestions for future foci.
3. Resident, preceptor, and/or designee make a plan for addressing areas in which competence has not yet been achieved.

Pre-completion Assessment

1. Resident completes assessment of competencies and identifies areas in which he/she feels competent and areas for future improvement and/or extension of residency.
2. Preceptor and/or designee completes assessment of resident's achievements and recommendation for future foci and/or extension of residency.

Evaluation Process

The Resident, Preceptor and/or designee complete and compare scores for each competency on a 5-point scale with the following ratings:

- | | |
|---|-----------------------------------|
| 0 | Does not meet competency |
| 1 | No opportunity to meet competency |
| 2 | Meets competency with supervision |
| 3 | Meets competency inconsistently |
| 4 | Meets competency independently |



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I. Safety and Quality Improvement

1. Demonstrates effective practice behaviors reflecting quality care for patients and families through each step of the nursing process including assessment, diagnosis, outcomes/planning, implementation and evaluation of care.

0	1	2	3	4
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2. Implements safety measures for individual children, families and others on the unit and throughout the institution.

0	1	2	3	4
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3. Reports unsafe conditions promptly after taking temporary actions to prevent injuries.

0	1	2	3	4
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4. Participates in institution-wide and unit-based committees and activities designed to improve compliance with safety and quality improvement policies and procedures.

0	1	2	3	4
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5. Uses the results of quality improvement activities and new knowledge from scholarly sources to improve care delivery.

0	1	2	3	4
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6. Takes responsibility for including safety measures in patient care planning as a member of the health care team.

0	1	2	3	4
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7. Demonstrates accountability in implementing safety measures and validating decisions, particularly in high-risk aspects of care such as medication calculation and measurement or patient procedures.

0	1	2	3	4
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Comments



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II. Advocacy

1. Advocates for organizational, environmental and practice changes to ensure that the unique health needs of children are met.

0	1	2	3	4
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2. Protects the human and legal rights of the pediatric patient and family working with social service agencies and courts particularly when child abuse, neglect or other forms of family violence are suspected.

0	1	2	3	4
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3. Actively supports leadership activities such as promoting a legislative agenda and professional organization activities designed to influence health care practice and policies for children, families and communities.

0	1	2	3	4
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4. Assists children and families in informed decision making and participation in care planning.

0	1	2	3	4
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5. Advocates for children and parents to protect their rights according to state and federal law and to support their active participation in aspects of their care in regard to the Individuals with Disabilities Education Act (IDEA), Health Insurance Portability Accountability Act (HIPAA), and Family Educational Rights and Privacy Act (FERPA).

0	1	2	3	4
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III. Communication

1. Recognizes families as members of the healthcare team and understand that effective communication skills between all parties will produce the best health outcomes for the child.

0	1	2	3	4
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2. Demonstrates communication skills based on the health literacy level of the patient and family members empowering the family to make informed decisions about their child's health.

0	1	2	3	4
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3. Utilizes conflict resolution strategies to address potential hazards and ensure patient safety.

0	1	2	3	4
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4. Uses established and informal methods of communication to inform members of the interprofessional team.

0	1	2	3	4
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5. Promotes patient and family goals during all interprofessional team or agency care planning sessions.

0	1	2	3	4
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Comments

IV. Collaboration and Teamwork

1. Demonstrates purposeful inclusion and collaboration with the patient family and health care team in clinical and educational plans for care.

0	1	2	3	4
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2. Articulates clear expectations of all members of the team from admission through discharge by way of Electronic Health Record (EHR), handoff, rounds or patient care conferences.

0	1	2	3	4
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3. Implements communication and patient hands-off via facility approved methods/tools (Example: SBAR- Situation-Background-Assessment-Recommendation).

0	1	2	3	4
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4. Collaborates and communicates with the interprofessional team.

0	1	2	3	4
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Comments

V. Leadership and Professional Development

1. Examines the bedside nurse's role in assuring coordination, integration, and continuity of care for patients and their families.

0	1	2	3	4
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2. Assigns, directs, and supervises Unlicensed Assistive Personnel (UAPs) in carrying out particular roles/functions aimed at achieving patient care goals.

0	1	2	3	4
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3. Builds on the trusting relationship with patients, families and staff that contributes to resolution of conflict and disagreement.

0	1	2	3	4
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4. Understands the professional standards of practice, the evaluation of practice, and the responsibility and accountability for the outcome of practice.

0	1	2	3	4
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5. Clarifies personal and professional values, strengths, biases and self-limitations, recognizing the impact on decision making and professional behavior.

0	1	2	3	4
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6. Engages in reflective practice to improve outcomes of care and advance own practice.

0	1	2	3	4
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7. Acknowledges that learning is a lifelong process and be receptive to feedback for ongoing personal and professional development.

0	1	2	3	4
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8. Participates in professional activities to promote nurse's career development and advancement based on area of interest.

0	1	2	3	4
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Comments

VI. Evaluation and Outcomes

1. Sets both short and long term goals in collaboration with the patient, family and interprofessional team that align with the plan of care.

0	1	2	3	4
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2. Continuously evaluates the plan of care in collaboration with the interprofessional team and the patient and family during each unique care encounter and revises the plan of care as needed.

0	1	2	3	4
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3. Evaluates the effectiveness of nursing care based on patient and family outcomes.

0	1	2	3	4
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4. Participates in institution-wide and unit-based evaluation of patient care and nursing sensitive outcomes.

0	1	2	3	4
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5. Addresses the health care needs of the community that the institution serves.

0	1	2	3	4
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Comments

VII. Technology and Informatics

1. Shows evidence of valid, current and appropriate access of Electronic Health Records (EHR) and other electronic resources, institution policies and procedures as needed to perform roles and responsibilities.

0	1	2	3	4
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2. Shows evidence of computer literacy and understanding of basic EMR functionality and applications to generate quality reports or audits.

0	1	2	3	4
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3. Documents participation in groups or committees that evaluate reports generated from quality improvement activities, access metrics, message management, etc. and discuss, plan, implement practice or workflow changes to improve upon these reports.

0	1	2	3	4
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4. Documents individualized care plan incorporating patient and family goals.

0	1	2	3	4
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Comments

VIII. Research and Evidence-based Practice

1. Participates in the culture of inquiry by questioning current practice for children and their families and seeking evidence to change or justify nursing practices.

0	1	2	3	4
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2. Shows documentation of consistent access and references resource materials such as Clinical Library, policies and procedures, and protocols.

0	1	2	3	4
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3. Participates in writing or reviewing policies and procedures for care of children and families that are based on evidence.

0	1	2	3	4
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4. Documents participation in a group or committee that conducts, promotes, facilitates or supports research and evidence-based practice activities.

0	1	2	3	4
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5. Promotes nursing activities that contribute to the dissemination and sustainability of evidence-based practice.

0	1	2	3	4
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References

- DeMeester, D., Hendricks, S., Stephenson, E & Welch, J.L. (2017). Student, preceptor and faculty perceptions of three clinical learning models. *Journal of Nursing Education*, 56 (5), 281-286.
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- ten Cate O. (2005). Entrustability of professional activities and competency-based training. *Medical Education*, 39 (12), 1176–1177.
- ten Cate, O. & Scheele, F. (2007). Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice? *Academic Medicine*, 82 (6), 542–547.
- Weirsmas, F., Berkvens, J., & ten Cate, O. (2017). Flexibility in individualized competency-based workplace curricula with EPAs: Analyzing four cohorts of physician assistants in training. *Medical Teacher*, 39 (5), 535-539.