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Competency in Nursing and Social Worker in Health Care Field: A Concept Analysis

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Abstract

INFORMAL CAREGIVERS

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Keywords: *Social Worker, Health Care Field, Nursing.*

Introduction

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Along with increasing the emphasis on evidence-based practice, health care education is moving to a competence-based approach with clearly measured outcomes (Carraccio et al.,

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2002; National Center for Higher Educa- tion Management Systems, 2000). In this arti- cle, literature from the past decade, especially systematic reviews of evidence-based-practice dissemination and training, is used to inform nurse and social worker competence in supporting family caregivers. The reviews were from the medical education literature as well as from nursing and social work education, and some studies involved students and resi- dents, not only postgraduate practitioners.

Identifying Competence

Across disciplines, competence refers to being able to demonstrate that the knowledge, values, and skills learned can be integrated into practice (Carraccio et al., 2002). The Council for Higher Education Accreditation, which oversees standards for 76 professions (includ- ing nursing and social work), has adopted a competence model for accreditation (National Center of Higher Education Management Sys- tems, 2000). Competence-based education and evaluation consist of two components: identifi- cation in clear, measurable terms, with indicators for levels of performance, of the specific skills required to practice a profession; and evaluation of skill acquisition through measur- able criteria (Hackett, 2001).

Hartford Competencies

The John A. Hartford Foundation has support- ed competence identification in nurses and social workers who provide care to older adults. The process of identifying competence involved extensive literature review and con- sensus building for each profession. The result is referred to in this article as the Hartford geri- atric competencies. Table 1 presents the competencies that specifically mention families.

The American Association of Colleges of Nursing and the John A. Hartford Foundation Institute for Geriatric Nursing (2000) identi- fied 30 competencies and curricular guide- lines for baccalaureate nursing programs (available online at www.aacn.nche.edu/Education/pdf/Gercomp.pdf). The Social Work Leadership Institute and the Council on Social Work Education Gero-Ed Center (funded by the John A. Hartford Foundation) identified 40 competencies for a master's degree in social work (Damron-Rodriguez, 2006), which is required for licensure.

Dimensions Of Competence

The Geriatric Social Work Competency Scale II measures five levels of competence. "This skill is becoming more integrated in my prac- tice" connotes a moderate level of compe- tence. The highest level is "I complete this skill with sufficient mastery to teach others" (Damron-Rodriguez, 2006). Postgraduate training is needed to introduce these compe- tencies and improve practitioners' levels of skill.

Competence-based education and evalua- tion also recognize levels of generality (Harden et al., 1999), with procedural or task skills at one end of the continuum and meta- competencies at the other. Procedural skills, such as taking vital signs and administeringthe Mini-Mental State Examination, are the most straightforward to measure (Long, 2000). Competencies needed for working with fami- ly caregivers are at a higher level of generality and require drawing on diverse sets of knowl- edge and skills (Harden et al.). In Table 1, the domain in which each competence is classi- fied, such as communication or assessment, could be considered a metacompetence.

Competence in interdisciplinary team- work is central to geriatrics (Ferraro, 2007). One systematic review of interdisciplinary learning for health care professionals reported that it resulted in positive outcomes in knowl- edge, skills, attitudes, and beliefs (Cooper et al., 2001). Another systematic review found that none of the research evaluated met the methodologic

rigor for providing conclusive evidence (Zwarenstein et al., 2001). None- theless, shared learning among various disci- plines may be helpful in competence-based education that teaches family caregiver sup- port (Horsburgh et al., 2001).

Adult Learning

Two approaches founded in principles of andragogy, or adult learning, are important for helping nurses and social workers develop competence in caregiver support.

The learner-centered approach shifts the responsibility of organizing, analyzing, and synthesizing information from the teacher to the learner (Brush & Saye, 2000). This approach recognizes that knowledge is built on what the learner already knows. Positive outcomes, including increased comprehen- sion, result (Machemer & Crawford, 2007). The learner-centered approach also involves cooperative learning, in which a group of learners works on a project, leading to creative solutions and increasing social perspective by helping the members understand interactive factors (Johnson et al., 2000).

TABLE 1. Hartford Geriatric Nursing and Social Work Competencies for Practicewith Families

Domain	Nursing Competencies*	Social Work Competencies
Diversity: clarification of attitudes and values	Recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families. Appreciate the influence of attitudes, roles, language, culture, race, religion, gender, and lifestyle on how families and assistive personnel providelong-term care to older adults.	Respect diversity (for example, class, race, ethnicity, sex, and sexual orientation) among olderadults, families, and professionals. Address the cultural, spiritual, and ethnic values and beliefs of olderadults and families
Communication	Communicate effectively, respectfully, and compassionately with older adults and their families.	Establish rapport and maintain an effective working relationship with older adults and family members. Mediate situations with angry orhostile older adults or family members.
Assessment	Assess family knowledge of skills necessary to deliver care to older adults.	Assess caregivers' needs and levelof stress.
Intervention planning and implementation	Analyze the effectiveness of community resources in assisting older adults and theirfamilies to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment. Contrast the opportunities and constraints of supportive living arrangements on the function and independence of older adults and on their families. Assist older adults, families, and caregivers to understand and balance "everyday" autonomy and safety decisions.	Provide outreach to older adultsand their families to ensure appropriate use of the service continuum. Identify the availability of resourcesand resource systems for older adults and their families. Provide social work case management to link older adultsand their families to resources and services. Adapt organizational policy, procedures, and resources to facilitate provision of services todiverse older adults and their family caregivers.

(continued)

Problem-based learning is a related approach that structures the curricula around practice-related problems and is based on con- structive, self-directed, collaborative, and con- textual learning (Dolmans et al., 2001). Studies have demonstrated that problem-based learn- ing stimulates a learner to restructure knowl- edge or reorganize what is already known based on new understanding of the subject and interest in the topic (Dolmans et al.; Ozuah et al., 2001). Students and faculty have been shown to be highly satisfied with problem-based learning, although studies dif- fer on its superiority over conventional meth- ods of learning (Mamede et al., 2006).

TABLE 1. Continued

Intervention planning and implementation (*continued*)		Assist caregivers to reduce their stress levels and maintain mental and physical health. Utilize group interventions with older adults and their families. Support persons and families dealing with end-of-life issues and bereavement. Apply skills in termination in work with older adults and their families.
Family education	Involve, educate, and, when appropriate, supervise family, friends, and assistive personnelin implementing best practices for older adults	Use educational strategies to provide older adults and their families with information for wellness and disease management.
Interdisciplinary teamwork	Recognize the benefits of interdisciplinary team participation in care of older adults.	Understand the perspective and values of social work in working effectively with other disciplinesin geriatric interdisciplinary practice.

Note: Adapted with permission. American Association of Colleges of Nursing, The John A. Hartford Foundation Institute for Geriatric Nursing. (2000). Older adults: Recommended baccalau- reate competencies and curricular guidelines for geriatric nursing care. Retrieved from http://www. aacn.nche.edu/Education/pdf/Gercomp.pdf. Damron-Rodriguez, J. A. (2006). Moving forward: Developing geriatric social work competencies. In B. Berkman (Ed.). Handbook of social work in health and aging. New York: Oxford University Press. pp. 1051–1068.

*Baccalaureate-level nurses.

Linking Evidence-Based Practice tO COmpetence

Evidence from the research into interventions with caregivers can help to build professional competence. The “knowledge transfer frame- work” of the Agency for Healthcare Research and Quality describes three major stages that encompass all levels of evidence-based-practice adoption (Nieva et al., 2005). First, knowledge is created and distilled, then it is diffused and disseminated, and finally it is adopted, imple- mented, and institutionalized (Nieva et al.).

Strictly defined, evidence-based practice is a multistep process that begins with formu- lating an answerable question and progresses through practitioner evaluation of patient out- comes (Walker et al., 2007). To make research more applicable, practice guidelines and best practices are developed.

Colyer suggested that a varied, less restric- tive approach be used for translating research into nursing practice (Colyer & Kamath, 1999). Similarly, Webb (2001) suggested that the nuances

and context of a situation be consid- ered when applying research to social work practice. Relating evidence-based practice to competence for family caregiving relies on the translation of research into practice.

Levels Of Evidence-Based-Practice Translation

Organizations and health care systems change at multiple levels: state and federal agencies (macro), program and practitioner groups (mezzo), and individual patients and profes- sionals (micro).

On the macro level, the Joint Commission has set competence standards for working with older adults (Joint Commission, 2007). Two policies that have stimulated macro-level changes in caregiver practices are the Older Americans Act Amendments of 2000, which established the National Family Caregiver Support Program (2004), and the 1999 Olm- stead decision of the Supreme Court (Olmstead v. L. C.), a landmark legal decision based on the Americans with Disabilities Act of 1990. These policies require professionals to work closely with family caregivers, but do not pro- vide the evidence or indicate the competence needed for intervening effectively.

Mezzo-level attempts at educational and program change are often framed as continu- ous quality improvement efforts.

Micro-level approaches to increasing competence in caregiver support for an indi- vidual or group of professionals work best in supportive organizational environments.

Educational Strategies

Two systematic reviews (Belfield et al., 2001; Bero et al., 1998) identified effective and ineffective educational strategies used to translate evidence into practice and thereby develop competence.

- Ineffective strategies included the passive dissemination of information and didac- tic educational meetings or lectures. Used alone, these two interventions were found to prompt little or no change in profes- sional practice (Bero et al., 1998; Franklin & Hopson, 2007).

- Potentially effective strategies resulted in vari- able, small to modest improvements. Ed- ucational strategies in this category includ- ed summaries of clinical performancesuch as audit and feedback (Jamtvedt et al., 2006), local consensus processes (such as discussions among practitioners about a problem and possible solutions), and interventions based on information from patients (Bero et al., 1998). Some of the potentially effective strategies identified were mezzo-level interventions based on continuous quality improvement methodologies (Doran & Sidani, 2007).

- Consistently effective strategies included ed- ucational outreach visits or “academic de- tailing,” manual or computerized remind- ers, and interactive educational forums that included practice and discussion (Bero et al., 1998; Franklin & Hopson, 2007; O’Brien et al., 2001, 2007). A Cochrane review of research on interventions for changing health professionals’ practice found that interactive workshops could result in moderately large effects (O’Brien et al., 2001).

- Most effective was a focused combination of strategies. The strength of a multifaceted approach was strongly supported (Bero et al., 1998; O’Brien et al., 2001; Ren- ders et al., 2001). Efforts that included follow-up were more successful in alter- ing practice (Jamtvedt et al., 2006; Ren- ders et al.).

Systematic reviews point to the impor- tance of recognizing the existence of environ- mental barriers to change (such as inadequate staffing) and the preparedness of clinicians to change.

One study found that practitioner training needs to be flexible and that course goals must be explicitly related to applying the content rather than to the research itself (Greenhalgh & Douglas, 1999). A systematic review of 23 studies found that stand-alone teaching improved knowledge but not skills; however, knowledge, skills, attitudes, and be- havior were positively affected by clinical practice interventions (Coomarasamy & Kahn, 2004).

Example With Nurses and Social Workers

The Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) trial illus- trates a successful multifaceted approach to evidence-based-practice postgraduate train- ing. This randomized, multisite, controlled trial in older patients with depression demon- strated the advantages when interventions were provided by nurses and social workers who were trained as depression care special- ists and worked collaboratively with primary care physicians (Unutzer et al., 2001, 2002).

The educational interventions for IMPACT consisted of multiple stages. After receiving a two- hour interactive overview, nurses and social workers participated in 10 hours of multidisciplinary, case-based train- ing in small groups. This was followed by eight hours of training in problem solving with clinical cases and four hours of phone supervision by an expert.

After the trial was completed, the IMPACT model was translated into practice in the "real world" setting of a health mainte- nance organization. Although patients had fewer treatment contacts than in the con- trolled trial, they achieved similar improve- ments in depression (Grypma et al., 2006).

Assessment Of Competence-Based Education

A lack of assessment strategies has been the major challenge in moving to competence- based education (Bogo et al., 2002; Carraccio et al., 2002; Watson et al., 2002). However, the desire for competence-based education of health care professionals has spurred the development of new ways to evaluate learn- ing outcomes based on observable measures.

Self-efficacy—the belief that one is capable of performing specific skills in such a way that certain outcomes will be achieved (Bandura, 1997) is one way to measure competence. Self-efficacy has proven to be reliable and valid for predicting behavior and performance variation in multiple health disciplines (Holden et al., 2002). It also may serve as a way to assess needs when developing learning goals for postgradu- ate training. The Geriatric Social Work Competency Scale II is used in this way for graduate education (Damron-Rodriguez, 2006). Simulation assessment provides a clinical approximate to patient care. The methods of sim- ulation include role-playing, use of standardized patients, computer and videotaped vignettes,and use of mannequins (Lane et al., 2001).

Objective Structured Clinical Examina- tion (OSCE), which originated in medical edu- cation, has been introduced successfully in both nursing (Ryan et al., 2007) and social work (Baez, 2004). Developed originally for in-person assessments of actor "patients," the OSCE has evolved in video format for geriatric-focused primary care medicine. The piloting of the Objective Structured Video Examination resulted in 90% commitment to statewide adoption by residency programs in Wisconsin (Simpson et al., 2006). The Geriatric Interdisciplinary Team Training Program funded by the John A. Hartford Foundation developed a similar scripted video assessment tool (Hyer et al., 2003).

Framework for Evidence-Based Competence Training

The strategies that promote postgraduate competence in evidence-based practice can be used to construct a framework for educating and training nurses and social workers who provide caregiver support (see Figure 1). The framework addresses four essential elements:

- the content, or the "what," of training
- the approaches, or the "how," for teaching
- the strategies, or the "where" and "when," for educational interventions
- the assessment, or the "how well," of learning outcomes

The first step is to determine the content of the education. The Hartford geriatric com- petencies for nurses and social workers that are related to families can be used to identify evidence-based caregiver interventions. In addition, this supplement discusses compe- tences to support caregivers that were identi- fied by nurses and social workers attending a state-of-the-science symposium (see "Execu- tive Summary: Nurses and Social Workers Supporting Family Caregivers"). It is impera- tive that all of the skills identified are synthe- sized into an enhanced yet brief, coherent, and clearly measurable set of professional caregiv- er competencies.

The next step is to concentrate on employ- ing effective strategies. Multidisciplinary post-graduate training should use learner-centered and problem-based learning approaches such as interactive training forums, consultation and follow-up, and case-based assignments. To be effective for professionals with multiple roles working with diverse populations, the educa-tional interventions must be directly relevant to nurses' and social workers' current knowledge and experience. Whenever possible, teaching, mentoring, and consultation should be provid-ed within the care environment.

The final step in developing competence is the objective assessment of skills. The OSCE, which has been proven effective in medical education and is increasingly being used in educating nurses and social workers, could be the gold standard for measuring postgraduate education in caregiver support.

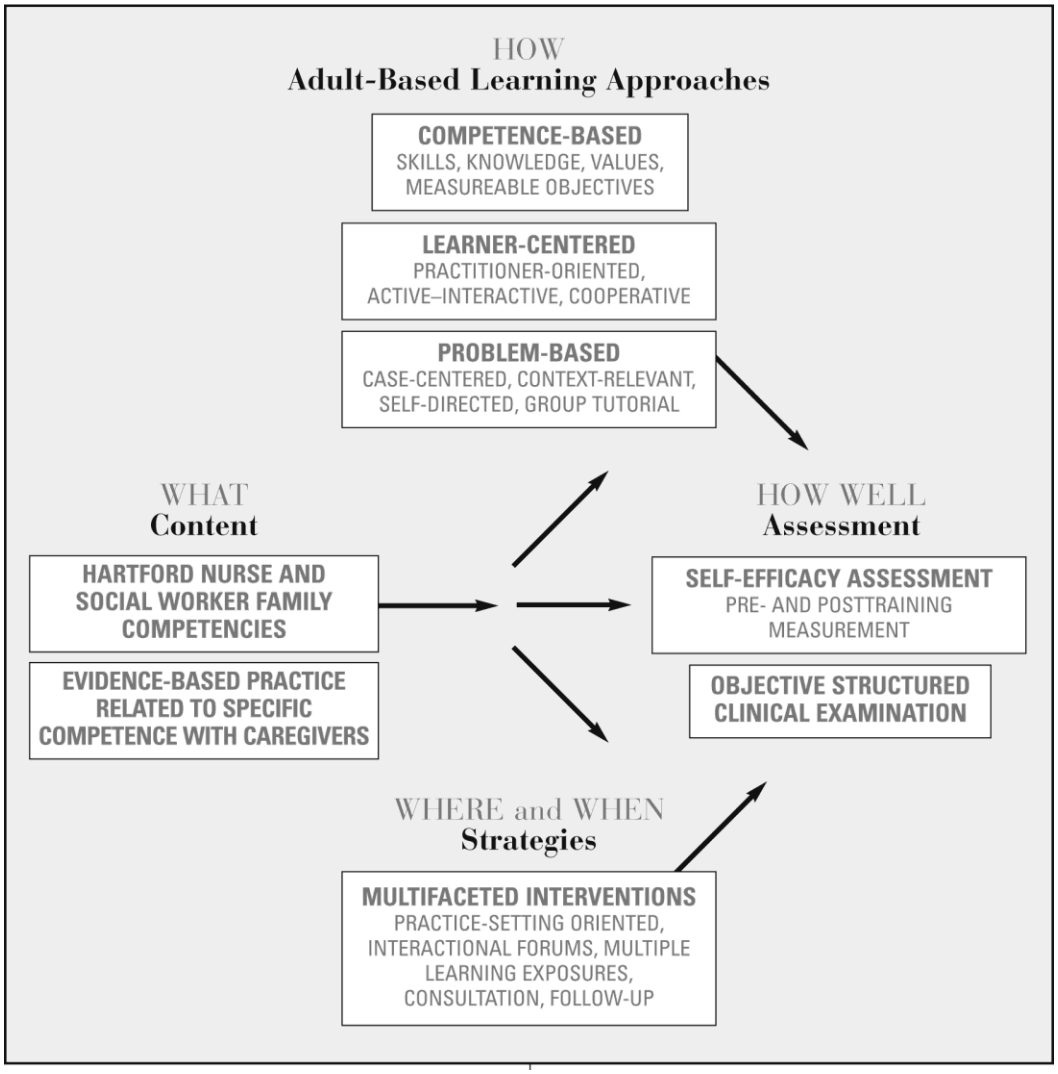

FIGURE 1. Framework for Evidence-Based Competence Training in Caregiver Support

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