

AUSTRALIAN NURSES FOR CONTINENCE

Competency Standards for Continence Nurse Advisors

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Role of the Registered Nurse Continence Adviser

Introduction

The Registered Nurse Continence Adviser Competencies have been developed to define and guide the practice of Continence Nurse Advisers (CNA'S) throughout Australia.

The role of the CNA is that of an advanced nurse practitioner or clinical nurse specialist and most nurses in this role will experience significant autonomy (and organizational expectations of role initiative) in the exercise of their position descriptions. The role of the Registered Nurse Continence Adviser is dependent on the employing authority, the practice situation and the needs of the particular client population. These competencies apply to all CNA'S: in acute hospital settings, aged and extended care facilities and in the community.

Secondly, enactment of the CNA role assumes the practitioner will invoke therapeutic outcomes as an expectation of patient assessment, diagnosis, planning, implementation and evaluation of continence care. CNA's are required to demonstrate a considerable body of knowledge and skills covering divergent responsibilities including, but not limited to, administrative, promotional and educational abilities.

CNA's may work independent of or in close collaboration with the medical and allied health team. CNA's should develop and value such relationships towards optimum outcomes for continence promotion and continence care.

The responsibilities of CNA's can be summarized by the implied autonomy and therapeutic potential of their role. This role requires nurses to adequately and confidently demonstrate defined standards of competence in their practice. For these reasons the Australian Nurses for Continence has commissioned the CNA Competencies which will be used to guide and monitor the practice of CNA's throughout Australia.

Australian Nurses for Continence have developed *competencies for the beginning specialist*. These competencies target the advanced practitioner (but new continence nurse adviser) who should be able to meet them. The performance of the new continence nurse adviser can generally be easily distinguished from the performance of an 'expert' CNA through the actual performance criteria. Attainment of these competencies demonstrates that the individual is functioning safely and effectively in all performance aspects of the CNA's advanced role.

The competencies do NOT differentiate between a CNA who has been in the job for 12 months and one who has been there for 12 years. They WILL differentiate a CNA's performance from that of a stomal therapist or a generalist nurse (even of 12 years standing).

GLOSSARY OF TERMS

Competency standard

Competency standards are expressed in units of competency, elements of competency and performance criteria. These competencies are based on the Mount Henry Hospital Competencies for Registered Nurse Continence Advisers, the New South Wales Competencies for the Advanced Nurse and the ANF/ DEETYA Advanced Practice Competencies, plus National consultation - with Australian Continence Nurse Advisers and nursing experts in the field of competency development. They are designed to articulate with other national nursing competency standards.

Continence Nurse Adviser

The CNA is a Registered Nurse with relevant post basic qualifications and/or skills and expertise, who has defined responsibility for promotion, assessment, management and education in the fields of urinary and faecal incontinence.

Element of competency

A clearly defined aspect of the overall competency. There are usually several elements to each competency.

Performance Criteria

The task of performance criteria is to provide measurable parameters (or guides for such) for each of the broader competency statements. Performance criteria are not exhaustive and may be expanded or revised to suit the field of practice of particular CNA's.

Competency Template - Guidelines for Use

The competency template included in this document is an instrument designed to help CNA's with self-assessment of competence or to review the competence of colleagues.

Competence

CNA competence is self or peer reviewed in column three. The response can be:

- *Yes - competence has been observed or identified for that particular criteria*
- *No - competence has not been demonstrated*
- *Nlap - the particular criteria does not apply to the review being undertaken. (This response needs to be justified in column 4 in every case)*
- *Nlat - competence was not attempted during this review. (This response also requires justification in column 4 and applies when demonstration of particular competencies is not possible during a review period)*

Evidence of competence

Appropriate evidence of competence needs to be provided through observation; documentation or verbal response (and the responses required for Nlap & Nlat) needs to be briefly summarized in column 4.

This may be summarized as:

- *0 - Observation of competence is the level of evidence*
- *Doc - Documentation of competence is available or documentation of a specific standard is the required competence*
- *Des - A description of what is required to demonstrate competence has been given - in the absence of opportunity to demonstrate competence. Eg a procedure may be described, a case study used or other verbal discussion of competent performance given by the CNA under review.*

Date

The date of review of each element/criteria needs to be recorded in column 5. Addressing all competencies may be done over a period of some months and should be an ongoing process. Recording dates on the template would help reviewers keep track of how long a particular review has taken.

Initials

Initials of the person(s) assessing competence need to appear against each entry in columns 3 and 4.

There are real opportunities for more than one person to review a CNA's competence. i.e. Competencies 1, 2 & 3 - by their generic professional nature - lend themselves to review by a nurse manager who may not be a Continence Nurse Adviser. Equally, the remaining competencies may be reviewed by more than one colleague. E.g.: In a clinic setting where a group of CNA's with differing skills backgrounds practice - a CNA may opt to have different colleagues review various aspects other or his practice OR Competence may be confirmed through review by two colleagues - each of who would initial to indicate that competency has been demonstrated.

Preparation of the template

To use the template the competencies need to be set out into a table set up following the Template format. This format is too bulky to be used in this document. Microsoft Word 'Table' function allows easy creation of a table with six columns, which can then be customised (sized) to fit a page in 'landscape' format,

Once the competencies have been transcribed into MS Word - or another compatible word processing package - they can be cut and pasted into the appropriate columns. Your template is then ready to be printed off and used.

BEST WISHES FOR A GOOD OUTCOME

TEMPLATE FOR ASSESSMENT - USING THE CNA COMPETENCIES

Legend. N/AP = not applicable N/AI = not attempted

COMPETENCY NO.

(Type /write competency here)

<i>Elements of competency (insert below)</i>	<i>Performance criteria (insert below)</i>	<i>Competent? Yes, No, N/AP</i>	<i>Evidence/ Justification (O)bserved, (Doc)umented, (Des)cribed</i>	<i>Date Assessment undertaken</i>	<i>Initials of the person assessing</i>

COMPETENCY STANDARDS FOR CONTINENCE NURSE ADVISORS

Competency standards for Continence Nurse Advisers are located within three domains of practice: Professional Conduct Role, Promotional Role and Client Care Role.

The Professional/Ethical Conduct Role of the CNA.

COMPETENCY 1: Fulfils the professional and ethical conduct requirements of the nursing profession

Element of competency

1.1 Acts in accordance with the expectations of the Profession

1.2 Regularly engages in the process of self-assessment.

Performance criteria

- *Behaviour is consistent with the Profession's Code of professional Conduct and Code of Ethics*
- *Where unprofessional or unethical conduct is identified, a plan of remedial action is implemented*

- *Practice is defined in accordance with the CNA's current role statement*

- *Feedback on performance is obtained and acted upon:*
 - *From peers*
 - *By participation in performance planning and review activities*
 - *By evaluation of educational activities and patient outcomes*

COMPETENCY 2: Functions in accordance with legislation and common law affecting nursing practice

Elements of competency

2.1 Functions in accordance with legislation and common law affecting nursing practice.

2.2 Relates legislative and common law concepts to policies and procedures.

2.3 Acts to promote protection and safety of client, self and others.

Performance criteria

- *A current authority to practice is maintained*
- *Nursing practice is described and justified with reference to common law and relevant legislation*
- *Interventions which appear inappropriate are challenged and alternatives proposed*
- *Patient safety and wellbeing are maintained by attention to duty of care*
- *Practice is guided by an understanding of the concepts of negligence, consent, trespass, assault and unauthorised access*
- *Patient care is delegated with an awareness of the CNA's legal accountability*
- *Distinguishes between law, guidelines, policy and procedure and procedures.*
- *Relevant changes in legislation and government policy are incorporated into local policies, practices and procedures*
- *Occupational health and safety standards are adhered to and action taken to prevent or reduce potential hazards*
- *Environmental health and safety standards are actively promoted*

COMPETENCY 3: Advocates and protects the rights of individuals /groups

Elements of competency

3.1 Acts to maintain the rights of individual/ groups

3.2 Acts to ensure confidentiality of information.

Performance criteria

- *The client is informed of the identity and roles of health care providers and individual/ groups are encouraged and supported to exercise their rights*
- *Appropriate members of the health care team are advised of clients expressed needs, preferences and decisions Identifies and seeks to rectify structures, policies or practices which inhibit individuals /groups from exercising their rights*
- *Privacy is maintained when information is being collected from clients and they are advised of their rights to confidentiality*
- *Legal and ethical guidelines direct the storage and release of information*

The Promotional Role of the CNA.

COMPETENCY 4: Demonstrates and promotes understanding of practices, contextual factors and standards related to continence.

Elements of competency

4.1 Participates in / is aware of research into practices to contextual factors and standards related continence.

4.2 Devises and implements strategies to promote informed attitudes and practices related to continence

4.3 Initiates, participates and advises in the development and / or review of philosophies, policies, procedures and protocols related to continence.

4.4 Acts as consultant to colleagues in the area of continence promotion and management.

Performance criteria

- *Knows about/ is involved in research endeavours related to continence*
- *Develops/uses materials promoting informed, positive attitudes*
- *Participates in counselling of individuals, groups of clients and health care workers related to attitudes/ practices /standards*
- *Changes in practice are based on current research*
- *Gaps between current practice and existing practice guidelines are identified and existing protocols, policies and procedures are reviewed accordingly*
- *Policies which influence continence management are critically evaluated*
- *Opportunities to disseminated information are created*
- *Information and advice regarding continence is provided on request*

COMPETENCY 5: Develops Therapeutic and Caring Relationships

Elements of competency

5.1 Establishes a climate conducive to the development of therapeutic relationship.

5.2 Engages in therapeutic interactions

5.3 Facilitates therapeutic groups

5.4 Accommodates cultural needs of individuals /groups appropriate to the social context

5.5 Provides for the emotional needs of individuals

5.6 Acts to decrease stress and / or increase effectiveness of coping mechanisms

Performance criteria

- *Establishes the credibility and role boundaries of the CNA*
- *Respect for individuals groups is demonstrated through interaction*
- *Continence programs incorporating a counselling role are formulated (in collaboration with the client, significant others and the health team as appropriate)*
- *Constructive ways of dealing with issues are explored*
- *The nature, purpose and membership of each group is defined and monitored*
- *The unique contribution of each group member is valued.*
- *Cultural needs are identified and appropriately addressed*
- *Established an appropriate context for the expression of feelings*
- *The level of emotional responses by the CAN to the client is appropriate*
- *Anxiety, fear or other forms of distress are recognised*
- *Measures are taken to relieve the distress and further strategies for coping with health changes are explored*

The Client Care Role of the CNA.

COMPETENCY 6: Uses multiple approaches to decision making

Elements of competency

6.1 Demonstrates knowledge and use of clinical decision making processes

6.2 Uses multiple approaches to gather data about the client and situation related to continence

6.3 Uses analytic and interpretive skills to make nursing decisions about the clients care in their context.

6.4 Documents planned and anticipated outcomes in consultation with the client

Performance criteria

- *Relevant aspects of the situation are recognised*
- *Possible and probable consequences of the client situation are considered*
- *There is evidence of systematic data gathering e.g. history taking, physical examination, relevant investigations and situation related to continence*
- *Members of the health team and significant others are consulted as relevant*
- *Other sources are consulted as relevant eg literature, clinical guidelines, best practice guidelines*
- *Data history, examination and investigations are integrated*
- *Previous experience is used to inform decisions.*
- *Issues are prioritise*
- *Potential needs/problems are anticipated or explicated*
- *Nursing decisions are justified in the specific context*
- *Findings, diagnoses and decisions are documented*

COMPETENCY 7: Manages the continence care of individuals and groups

Elements of competency

7.1 Incorporates continuity of care principles in the holistic continence management of individuals

7.2 Client care delivery is based on best practice principles

7.3 Promotes involvement of the client as a participant in the process of care.

7.4 Evaluates client progress towards expected outcomes to reviews plans in accordance with evaluation data

Performance criteria

- *Priorities are identified using context specific knowledge*
- *Data from other health professionals is referred to and incorporated when planning care*
- *Development of the care plan accommodates the abilities and resources of clients*
- *Justification for decisions and strategies is documented and communicated*

- *Care is delivered based on accepted clinical practice and using rationales and protocols so that*
 - + *Devices are used safely and effectively eg ultrasound bladder scanners, catheterisation, perineometer, biofeedback equipment etc*
 - + *Special techniques and procedures are used safely and effectively eg bladder irrigation, residual urine, bladder training, per rectum and per vaginal examinations, urinalysis etc*
 - + *Continence products are prescribed according to accepted criteria, policy, resource limits and professional standards*
- *The client is actively involved in all stages of care*
- *Care planning and delivery takes into account client abilities, values and beliefs*
- *Strategies are used to maintain and encourage independence of clients*
- *Effectiveness of planned care is evaluated in relation to data planned outcomes and appropriate changes to care are made*
- *Client response and behaviour are monitored throughout each intervention*
- *Provision is made for continued availability of necessary resources*
- *Other health care workers are consulted, clients referred as appropriate and continuity of care is ensured eg at discharge or transfer*
- *Outcomes are reviewed with the individual/group*

COMPETENCY 8: Engages in collaborative practice to achieve client outcomes

Elements of competency

8.1 Consults with a range of health care professionals

8.2 Participates in multi-disciplinary clinical decision making

8.3 Negotiates agreed outcomes in conflict situations.

Performance criteria

- *Demonstrates a range of collaborative approaches to continually build and define collaborative networks*
- *Collaborative practice is promoted and facilitated and the contributions of others are recognised and acknowledged*
- *Multi-disciplinary meetings are attended and (where appropriate) the client is managed across multi-agency and inter-making disciplinary lines*
- *The client's perspective is actively pursued and care requirements are clearly communicated using context specific knowledge and experience*
- *Monitors client response to the activities of other health care professionals*
- *Explores alternative care options when (potential) conflict with client significant others or health care workers is identified*
- *Provides feedback to other health professionals about negotiated outcomes and documents process appropriately.*

COMPETENCY 9: Educates clients, significant others and health care personnel in the specialty of continence

Elements of competency

9.1 Assesses learning needs and readiness to learn

9.2 Plans learning /teaching experiences.

9.3 Develops flexible teaching and educational resources

9.4 Facilitates individual /group attainment of learning objectives

9.5 Assesses learning needs of colleagues and encourages education participation in continence education

9.6 Evaluates the effectiveness of teaching/learning experiences

Performance criteria

- *Determines prior knowledge and health practices*
- *Identify self help abilities and any factors which may impinge on client learning*

- *Client specific learning objectives are identified*
- *Learning experiences are designed to suit individual needs and preferences*

- *Teaching and educational strategies are demonstrated, relevant to the needs of individuals/groups*
- *Teaching and educational aids and resources are used appropriately*
- *Appropriate principles of learning and teaching are used*
- *Teaching is based on contemporary best practice*
- *Appropriate learning resources and opportunities are made available*
- *Consistent, pos positive reinforcement is provided within the context of culture and value systems*

- *Appropriate frame works are used to assess learning needs eg. professional competencies*

- *Opportunities for participation in continuing education are identified and acted upon eg Learning needs arising from changing work practices/technology/ legislation etc*
- *Formal and informal feedback from learners (clients and others) is obtained and documented*
- *Achievement of learning outcomes are monitored*
- *Cost effectiveness of education is determined*
- *Teaching and learning plans are modified, based on evaluation and recommendations*

COMPETENCY 10: Manages the specialty of continence and advises the Organisation

NB Application of this competency standard will vary with individual CNA role parameters

Elements of competency

10.1 Negotiates for optimum resources to meet client needs

10.2 Delegates activities to other CNA's /nurses.

10.3 Uses resources for optimum effect

Performance criteria

An appropriate model/framework(s) for delivery of care is used eg based on:

- + Consistency with organisational philosophy*
- + The ability of staff to deliver an agreed standard of care*
- + Actual and potential alterations in client activity*
- + Agreed allocation of human and material resources*

- Activities delegated are commensurate with the abilities and role statements of staff assigned delegated activities*
- Expectations of the CNA's responsibilities and accountabilities are explained*
- Opportunities are taken for staff to develop necessary skills*
- Supervision and assistance are provided where required*
- The continence service is regularly surveyed, data analysed and a strategic plan developed, implemented and evaluated including e.g.:*
 - + Budget planning and submission*
 - + Imprest and requisitions/ordering systems*
 - + Product information library/data bases*
 - + Guidelines/protocols for trial and use of products*
 - + Consultation with industry personnel and professional colleagues*

COMPETENCY 11: Engages in activities to improve the continence service

Elements of competency

11.1 Engages in continuous quality improvement processes

11.2 Uses research literature and relevant theoretical frameworks to inform nursing practice

11.3 Uses and participates in the process of continence research

11.4 Functions as an advocate for improving continence management

Performance criteria

- *Uses an appropriate framework to evaluate the structure, processes, outcomes and costs of the continence service*
- *Is aware of and contributes to processes for bench marking continence practices and outcomes against other, comparable settings*
- *Describes links between own practice and research, literature and relevant theoretical frameworks*
- *Research is critically evaluated*
- *Research findings are disseminated to colleagues*
- *Opportunities to participate in, encourage and undertake research h are taken e.g.:*
 - + *Relevant conferences and seminars are attended*
 - + *Relevant research material is sought from professional organizations, colleagues, publications and libraries*
- *Areas for research are identified and developed eg*
 - + *Research programs are designed according to professional and ethical guidelines*
 - + *Informed consent is obtained from participants*
 - + *Research findings are used to improve continence management*
- *Relevant personnel and bodies are kept informed of changes in continence management*
- *Continence education programs are developed and implemented*
- *The continence service is advertised and promoted*