Clinical Competence in the Nursing Field

We have all worked with nurses who we consider clinically competent and others that, shall we say, are not up to par with their clinical skills. As leaders in medical-surgical nursing, we must address this; we must do so now in order to make our work environments healthier, more welcoming, and rewarding for everyone, including both nurses and patients.

Nurses gain clinical competence and knowledge over time as they move through five distinct stages of competence, ranging from novice to expert, according to Benner (2001). Medical-surgical nurses must realize that when one graduates from undergraduate nursing school and passes the state licensure exam to become a registered nurse (RN), the newly licensed nurse is still a novice. The novice RN is extremely limited and inflexible and governed by rules and policies (Benner, 2001). The same can be said for the nurse transitioning to a new area within a health care organization (e.g., labor and delivery to a medical-surgical unit). Health care organizations must accept the lack of expertise as they coordinate orientation and preceptor programs and give new nurses the time needed to become competent and transition into the next step of Benner’s model – the advanced beginner – in which nurses can now demonstrate marginally acceptable performance based on being in enough real-life scenarios with their mentors to understand the situation (Benner, 2001).

Benner (2001) found that competency does not occur until a nurse has been in the same job for 2-3 years and can thus begin to understand his or her actions in terms of planning long-term goals for patients. The competent nurse is able to manage and cope with the many complexities of nursing. Finally, nurses can move into the proficient and expert stages of Benner’s From Novice to Expert model. In the last two stages of Benner’s model, nurses have the experience to act appropriately in difficult situations and can modify the plan of care if needed (Benner, 2001).

Health care organizations must take into consideration that clinical competence takes years to develop and thus must provide nurses with the time it takes to get to this level. It is crucial for health care organizations to promote retention strategies to keep the proficient and expert nurses working there, where their knowledge can benefit patients as well as novice and advanced beginner nurses. Moreover, health care organizations must implement proper orientation programs that promote clinical competence, such as year-long residency programs, and not expect new graduates to be able to function at a high level right out of nursing school.

As a nursing instructor, I can say that we provide our students with the best education possible to be able to function as a nurse, but it goes without saying that with the changes in education and the increasing complexities of health care, health care organizations must step up to the plate and provide novice nurses with proper guidance and orientation. By implementing these strategies, health care organizations cannot only save money by retaining valuable employees but also increase their patient outcomes by increasing the competence of their staff. On a final note, health care organizations must show that they value education and provide continuing education opportunities for their nurses and maintain a nursing lab where nurses can practice necessary skills.

To learn more about clinical competence, please review the Healthy Work Environment area of the AMSN Web site (www.amsn.org/hwe). This article and other resources available there can give you the tools necessary to enhance clinical competence at your place of employment.

Reference

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