Royal Children's Hospital Nursing Competency Framework

Introduction

The Royal Children's Hospital (RCH) Nursing Competency Framework outlines the characteristics of a competent nursing workforce that guide safe neonatal, child and adolescent nursing practice within RCH. All nurses at RCH will participate in the nursing competency framework and this organizational wide approach will support excellence in clinical nursing practice.

The framework is evidenced based and;
- Makes explicit the expected standard of nursing care in RCH;
- Supports nurses to develop the specialized knowledge and skills;
- Develops and values the essence of nursing within RCH nursing.

The essential characteristics that develop a competent nursing workforce can be grouped into three main three groups as outlined in the table below.

Table 1: Competent Nurse Characteristics

K Knowledge	**S** Skills	**A** Attributes / Attitudes
Basic Specialized	Assessment Communication Critical thinking Time management Customer Service Technical Skills Teaching	Caring Character Professional Presentation

The framework supports Nurse Practitioner, Registered Nurse and Enrolled Nurse domains of practice as outlined by the Australian Nursing & Midwifery Council (ANMC, 2008). The RCH Nursing Education and Development Centre – Mackinnon, coordinate's the framework and provides nurses with professional support. They also work closely with managers to ensure nurses achieve the objectives of familiarization.

Familiarization for RCH Nurses

Familiarization is a specified period of induction, supernumerary and orientation time (refer to definitions in Appendix 1) that enables nursing staff to adapt efficiently to a new work environment. The speed at which nurses attain a minimum competence in the specialty occurs over a variable period of time during the familiarization period.

Nursing familiarization at RCH occurs over a ten week time frame. During this time intensive commitment to competency achievement and planning is required by all parties.

Experienced nurses will obtain recognition for their prior learning and experience.

During familiarization nurses are provided with structured support and guidance to ensure that they are able to develop and demonstrate the necessary competencies to meet their patient's care needs in a safe, competent and culturally responsive manner.

The familiarization period is formally concluded at ten weeks and evaluated with a performance by the Manager, involving input from the preceptor.

The performance reviews includes:
- Achievement of RCH mandatory training (Appendix II)
- Achievement of RCH generic/familiarization competencies (Appendix II)
- Goal setting for the following 10 months, including agreed timelines for competency achievement, professional development plan, annual leave plan and review dates during the come year

Supernumerary Time

Supernumerary time is allocated by the Manager during the ten week familiarization period. The allocation of supernumerary time is the responsibility of the Manager once approval is obtained by the Director – Nursing Workforce Development and may vary for each nurse. The process for approval is outlined in Appendix 3.

The allocation of supernumerary time is outlined in Table 2 below.

Table 2: RCH Supernumerary time during familiarization period

Area	Nurses experience	Max. supern. time
PICU, NNU, ED, Perioperative	New Graduate	Up to 10 weeks
	Experienced but new to above areas	Up to 6 weeks
	Experienced in above areas	Up to 4 weeks
RCH @ Home	Experienced in community	Up to 4 weeks
	Experienced with no community	Up to 6 weeks
All other RCH areas	New Graduate	Up to 6 weeks
	Experienced but new to Paediatrics	Up to 2 weeks
	Paediatric experienced but new to RCH	Up to 1 week
	RCH internal transfers	Up to 2 shifts

The Manager selects the supernumerary time based on an assessment of the nurse's skills and knowledge (obtained from CV and interview notes) and in consultation with the area Clinical Nurse Educator (CNE) and /or Clinical Nurse Facilitator (CNF).   This occurs prior to the new nurse commencing in the area.

Supernumerary time provides nurses with:
- Learning centered on acquiring new skills and knowledge in clinical practice
- Time for observing and becoming familiar with organizational and departmental policies, procedures and clinical practices
- Opportunity for workload sharing with a preceptor and/or other nurses

To maximize the benefit of supernumerary time during familiarization the preceptor should not be scheduled to undertake other duties on a shift.   Both staff members need to be rostered on the same shift and this ideally should occur on the morning shift Monday to Friday.

Once the supernumerary time of the familiarization period has been completed the preceptor and new nurse do not need to work identical shifts but must be rostered to enable weekly meetings.   This meeting will occur during shift overlap time and will focus on familiarization progress and the completion of clinical competencies.   The CNE / CNF may or may not attend these weekly meetings.

Appendices

Appendix 1 – RCH Framework definitions

Familiarisation
A period of up to ten weeks during which the nurse is supported and guided by their preceptor, and other staff, to develop and demonstrate safe competent nursing practice within the specialty.

Induction
Initial induction training provides the employee with basic knowledge of their place, their specific work area, essential procedures, support services available.   Initial induction normally occurs on the employees first day.

Orientation
Orientation is intended to provide an organisation-wide perspective on the information supplied in the initial induction.

Supernumerary
Shifts when two nurses share a workload for the purpose of competency attainment during familiarization

Competence
The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area (ANMC, 2008).

Competency
The person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed (ANMC, 2008).

Appendix II – RCH Mandatory Training (January 2014)
1. RCH Nursing Orientation
2. RCH Orientation
3. Hand hygiene: Washup (online)
4. Emergency Procedures (online)
5. Medication Package (online)
6. Smart Move Smart Lift (SMSL) - pre-reading and practical assessment
7. Paediatric Basic Life Support (PBLS) - Pre-reading, multiple choice test and practical assessment
   - 15 MCQ Life Support (multiple choice questions)
   - Final Paediatric Life Support Assessment - Level 2
   - RCH Paediatric Basic Life Support - Level 2 Learning Package

Appendix III - Approval Process for Supernumerary Time
It is the responsibility of the Nurse's Manager in consultation with area Nurse Educator/Facilitator to ensure that prior approval is obtained.
- Manager / CNE / CNF reviews CV and interview notes of successful applicant (new nurse)
- Manager makes a professional assessment of supernumerary time required for the familiarization time period in consultation with the CNE / CNF
- Manager uses Approval Process form and emails to Director, Nursing Education for approval of supernumerary time no later than 2 weeks prior to commencement date
- Directors, Nursing Workforce Development will response to request within 48 hours
- Director, Nursing Education reports monthly to EDON on supernumerary time utilized by RCH nursing service
- No increase in supernumerary time is allowed without discussion / approval of Director, Nursing Education

Appendix IV - Approval Process Form for Supernumerary time
Once this form has been completed it should be emailed to Director, Nursing Education or the EDON if their absence.

Form completed by:	
Consulted with:	
Name of new nurse	
Position	
New workplace	
Employee Number	
Grade / Classification	
NUM / Manager	
Start date:	
Supernumerary time request (weeks)	
Experience level & comments from NUM / Manager New graduate Experienced but new to area, Experienced in above area Experienced but new to paediatrics Paediatric experienced but new to RCH RCH internal transfer	
Supernumerary time approved	
Authorized by:	**Name** **Signature** **Date**

Appendix V - Approval process form for Finance Department reimbursement of supernumerary time

Purpose

To ensure all wards, units, departments participating in the Nursing Competency Framework Nursing are reimbursed and funded for the cost incurred from the supernumerary time.

Process

- The Nursing Education will record the supernumerary hours a new nurse has utilized
- The Director of Nursing Education will provide to the Manager – Management Accounting or delgate at the end of every month details required to reimburse each cost centre for the supernumerary time.
- Finance Department will allocate *non recurring budget* to each cost centre as part of the month end process.
- The following information must be provided to finance by Director, Nursing education

Clinical Area	Cost Centre	Nurses Name	Classification	Allocated hours
Rosella - PICU	A0702	J Valodia	YP5	400
Emergency Department	B0002	Matt Toc	YP2	240
5th Floor	A1630	Frank Pip	YP5	80

- Submission dates will be based around the pay periods that fall into each month. The information must be returned to Finance by COB on the Monday following the end of the pay fortnight.
- Finance will fund budgets into the corresponding month end and advise the Executive Director of Nursing and Director of Education of the cumulative funding allocated per cost centre.

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References

1. Alspach, J. G. (1984). Designing a competency-based orientation for critical care nurses. *Heart & Lung, 13(6),* 655-662.

2. Benner, P. (1984). *From Novice to Expert, Excellence and Power in Clinical Nursing Practice.* Menlo Park, California: Addison-Wesley

3. Nursing and Midwifery Board of Australia (n.d.). *Competency Standards for the NursePractitioner.* Retrieved July 13th, 2010, from http://www.nursingmidwiferyboard.gov.au/en/Codes-and-Guidelines.aspx

4. Nursing and Midwifery Board of Australia (August 2008). *EN Competency Standards.*Retrieved July 13th, 2010, from http://www.nursingmidwiferyboard.gov.au/en/Codes-and-Guidelines.aspx

5. Nursing and Midwifery Board of Australia (August 2008). *RN Competency Standards.* Retrieved July 13th, 2010, from http://www.nursingmidwiferyboard.gov.au/en/Codes-and-Guidelines.aspx

6. Walker, D.L.K. (2007). *How competency is operationalized for registered nurses in the adult medical surgical acute care setting.* Unpublished doctoral dissertation, Louisiana State University Health Science Centre, Louisiana, United States of America.