



**LICENSED
PRACTICAL
NURSE
CORE
COMPETENCIES**

By: Julia K. Fulton, R.N.

Dedicated to **Jim's** parents, **Burnell and Ruth McDermott**, of Ridgeway, Wisconsin, for giving him life and teaching him to appreciate and accept others for the qualities and values they have to offer a person.

Dedicated to Jim's siblings: Liz Loy, Mary Vogle and Deb Buckingham.

FORWARD

The word “competency” first appeared in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) minimum, one page standard in 1917. The requirement for competent staff never left the standards. Everyone employed in nursing is familiar with the long laundry lists of nursing skills and the forms we used to validate those skills. The “buzz” word competency reappeared in the language of the standards again in 1991 when JCAHO required it’s “Good Housekeeping Seal of Approval” for a mechanism to validate current competency for nursing service employees. A lot of us got nervous and interpreted this as a new standard developing new programs rather than taking the tools we had in place and modifying them for compliance. Emphasis seemed to shift from what your knowledge base was to whether or not you could competently perform your job duties in the clinical area. JCAHO dictates the standards but they never dictate the method or mechanism for compliance. Nursing Service generally has the largest number of employees in their department and often they are used as the model or example when new standards are implemented. Nurses are generally compliant as a group. True to form JCAHO now requires a mechanism to validate competency for all hospital employees.

Competency is best defined as the integration of knowledge and skill or the ability to take what is learned in the classroom and put it into action in the performance of job duties or skills when providing patient care. I visualize taking a “passive process” (knowledge) and converting it to an “active one” (skill). That is not entirely true. I would never consider gaining knowledge a passive process. How does that apply at the unit level or in the “real world” of work? Can the same nurse that makes an acceptable score on the written pharmacology exam competently administer an intramuscular injection? Can the nurse that is able to identify a lethal arrhythmia on a rhythm strip competently perform CPR, defibrillation and external pacing?

In 1990 I attended a continuing education offering on Competency Based Orientation. Jo Ann Grif Alspach, a competency expert in my opinion presented the offering. I left that workshop believing that each level of nursing practice (RN, LPN, NA) should be able to perform a core of duties and skills with national/universal application. All other competencies would be unit or position specific and be above and beyond the core. Competence at the core level should be demonstrated and validated before proceeding to other units and positions. For example, every RN should be able to perform venipuncture and administer medication but only the RN that is scheduled to work the labor/delivery area of the OB Department needs to be competent in performing a sterile vaginal examination to assess cervical dilatation and effacement.

On February 14, 1992, Bettye Marshall, Director of Nurses at Harrison Memorial Hospital in Cynthiana, Kentucky scheduled a meeting for nurse managers to prepare for our next JCAHO survey in February 1993. I walked into a room of “seasoned” nurses with a wide variety of clinical experience and asked them which skills a registered nurse should be competent to perform to work on our 37 bed acute medical unit. Their responses to that question became the seventeen (17) RN core competencies our program and my first book was based on. The competencies are generic. The Kentucky RN performs a physical examination and starts an IV the same way a RN does in Wisconsin.

It took six (6) years to develop a competency program for the 118 positions in our hospital. During that time I purchased other published books that were currently available on the topic. I was looking for a “ready to use” program to save my most valuable commodity, which is time. Time costs money. The books I purchased were mainly instructions on how to develop your own program. Competency did not seem to be addressed as a process from initial employment throughout the employee’s affiliation with the hospital. If information was collected to identify patterns and trends, how did you collect it and what action did you take based on your results? Information should never be collected just for the sake of collecting it. All the work you do should have a practical application at some point along the way. I identified the steps in the process and proceeded with our program by developing blank forms for every step of the process that met the intent of the JCAHO standard. JCAHO surveyed Nursing Service for validation of competency in 1993 and surveyed the entire hospital for validation of competency in 1996. The Nurse Surveyor was so impressed with our program in comparison to other hospitals being surveyed, she suggested that I contact a publisher. Mr. Ed Gray at Academy Medical Systems was interested in the program because it was not instructions on how to build a system, the system had already been developed from start to finish.

This process has been revised and refined many times since 1990. I have to understand every step of the process before I can simplify and explain it to others. I have to crawl before I can walk. In the process, I took a lot of steps that weren’t necessary and killed a lot of trees in the paper trail I left behind. The lessons I learned along the way has allowed me to deliver the finished product to others, ready to use and without the added burden of growth pains. By using the system, you can reduce the paper volume by 99% to document the core competency status of the entire nursing staff. This information is useful for house supervisors and managers to do scheduling and staffing. My next goal is to find someone interested in developing a computer software program so you could obtain competency information on the hospital computer.

The program contains policies, procedures, and blank forms to conduct performance appraisals and competency assessments. Blank forms are available to administer, assess, track, collect aggregate data, document and report to the Board of Directors. The system is simple, objective and measurable. The core competencies have been developed as step-by-step instructions on how to perform the procedures. They can be available on the unit and used as a reference or educational tool to correct below standard ratings. The book contains a blank form, a completed example and step-by-step instructions on how to complete every form for every step of the process.

I have a message I would like to convey to Nurse Managers and Supervisors. Competency at the department level, unit level or core level can be simplified and standardized by the use of a system that is the same for everyone. Competency should be consistent and have national/universal application with a generic product. Competency, a task that once seemed overwhelming can be manageable for anyone who seeks to have an understanding of the process.

The list of registered nurse competencies have been modified in order to develop licensed practical nurse competencies that correlate with job descriptions and the Licensed Practical Nurse State Practice Guidelines.

ACKNOWLEDGMENTS

The following groups/individuals contributed to the development of this manuscript at Harrison Memorial Hospital in Cynthiana, Kentucky

Board of Directors

Darwin Root, Administrator

Janice Ogden, Human Resources Director

Lesley D. Roark, Typist

And to all other employees who contributed to the development of this competency program

LICENSED PRACTICAL NURSE CORE COMPETENCIES

Table of Contents-Section I-Page

Competence Assessment/Performance Appraisal Program Policy and Procedure.....	1
Employee Appraisal Form/Instructions	6
Employee Health Requirements.....	10
Performance Improvement Plan for Below Standard Ratings	11
Performance Appraisal Completed Example	12
Performance Appraisal Summary Form.....	18
Performance Appraisal Competency Assessment Board Report	22
Performance Appraisal Competency Assessment Board Report Example	24
Competency Development Form	32
Competency Follow-up Form	33
Competency Follow-up Completed Example	34
Permanent Competency Information For Licensed Nurses Form.....	37
Permanent Competency Information For Licensed Nurses Completed Example.....	38
Nursing Service Competency By Service Area and Performance Appraisal Date Form.....	39
Nursing Service Competency By Service Area and Performance Appraisal Date Example	40
LPN Core Nursing Competency Form.....	43
LPN Core Nursing Competency Example	47
Performance Improvement Plan for Below Standard Rating Example	48
Employee Equipment Competency Validation Form	49
Non Patient Care Equipment Form.....	50
Non Patient Care Equipment Example	51
AM/POS Patient Care Equipment Form.....	52

AM/POS Patient Care Equipment Form Example.....	53
LPN Core Summary Form for LPN.....	54
LPN Core Summary Example.....	56
As a Needs Assessment	
As a Report for Below Standard Ratings	
As Documentation of Competency Status for an Entire Unit	
Collection of Aggregate Data.....	60
Index of Forms and Instructions for Completion.....	62

LICENSED PRACTICAL NURSE CORE COMPETENCIES

SECTION I

Policies, Procedures, and Forms