Clinical Competency Assessment Tool (CCAT)

An overview for Students on UCD SNMHS Post Graduate Diploma programmes

Dr Patricia Fox

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Outline

- Definitions
- Aim of the CCAT
- Criteria for Assessors
- Domains of Competence
- Preparation for and completion of CCAT
- Timelines for completion
Definitions

• Competence is understood as:
  – the attainment and application of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable, compassionate and effective practice as a registered nurse or registered midwife (NMBI, 2015)

• Domains of competence: represent a broad enabling framework to facilitate the assessment of … nurse/midwife’s clinical practice (NMBI, 2015)

Each domain consists of performance criteria and their relevant indicators
The aim of this assessment tool is to facilitate the assessment process and to enable the student to demonstrate her/his knowledge, skills and understanding of specialist theory and practice.

The assessment tool is used to record the student’s level of competence in the domains identified.

Primary aim: integrate theory and practice
Aim of CCAT

• The tool provides a structured framework that guides student learning and feedback throughout their specialist clinical practice modules

• The student may also be required to complete programme specific clinical/theoretical outcomes which will need to be presented as evidence for this assessment

• Functions as a formal assessment of the Clinical Practicum Modules with a Pass/Fail outcome
Criteria for Assessors

• Assessments will be undertaken by clinical co-ordinators/clinical facilitators (CF)/CNMs/staff nurses
  
  – who show a willingness to accept the responsibilities of the role in collaboration with the programme director
  
  – Should an assessor be unavailable in the student’s clinical area, that student will be required to attend a designated clinical site for assessment, for a period of time negotiated with the programme director (UCD)

  – It is preferable that the same assessor undertake all 3 assessments with the student
Criteria for Assessors

Assessors must:

• Be nominated by the student in collaboration with the programme director (UCD)

• Be registered nurses with professional qualifications appropriate to the programme being examined and/or have at least two years post registration experience in area of clinical practice appropriate to the programme being examined

• Attend the assessor’s information session and/or make contact with the relevant programme director (UCD) prior to commencing the assessment process
5 Domains of Competence

1. Professional/Ethical practice
2. Interpersonal relationships
3. Practical and technical skills utilising a holistic approach to care
4. Clinical decision-making and critical thinking Skills
5. Organisation and management of care

To assess competency in each domain, students have to produce evidence of their expertise
Quality, Safety and Leadership

10.0 Quality, Safety and Leadership Learning Object

It is a requirement of this module that the student must engage with the three concepts of Quality, Safety and Leadership utilising the Comprehensive Unit-based Safety Programme (CUSP) toolkit.

Criteria for Students

- The student must demonstrate engagement with the Quality, Safety and Leadership learning object utilising the Comprehensive Unit-based Safety Program (CUSP Toolkit, 2014).
- The student must liaise with her/his nominated assessor in the selection of an episode of care before completing the reflective exercise.

The student has demonstrated engagement with the Quality, Safety and Leadership learning object utilising the Comprehensive Unit-based Safety Program (CUSP Toolkit, 2014).

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
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<tbody>
<tr>
<td>Clinical Assessor</td>
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<th>Signed</th>
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<tbody>
<tr>
<td>Student</td>
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Student Learning Needs

• Prior to each meeting, Student must have identified learning needs appropriate to each domain (5) complete the relevant pages

• Discuss with Assessor – please be specific

Programme specific outcomes should be consulted when considering your learning needs
Student Learning Needs

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Identified Learning Needs</th>
<th>Assessor’s Comments</th>
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Need to have completed prior to 1\textsuperscript{st} meeting with assessor (October/November)

Need to have completed prior to 2\textsuperscript{nd} meeting with assessor (January)

Need to have completed prior to 3\textsuperscript{rd} meeting with assessor (April)
Student Learning Needs Examples

1. Professional /Ethical practice: *need to update myself on the new protocol for /policy /procedure on … aim to be specific*, update myself on … NMBI guidelines, legislation

2. Interpersonal relationships: *need to improve communication with the MDT … engage more with consultants, observe senior staff member discuss prognosis*

3. Practical and technical skills utilising a holistic approach to care: *To become competent in carrying out x procedure, to be able to effectively assess and manage patients who have undergone x procedure/surgery*

4. Clinical decision-making and Critical Thinking Skills: *To become competent in identifying patients at high risk of … based on diagnosis, age, comorbidities*

5. Organisation and management of care: *Need to become more familiar with supports for patients within/outside hospital … aim to be as specific as possible*
1. Professional /Ethical practice

1. Practices in accordance with legislation affecting nursing practice
   1. Indicators: protocols, policies, CPGs, advocacy
2. Demonstrates appropriate professional behaviour
   1. Indicators: Adheres to Code*, local policies
3. Practices within limits of own competence and takes steps to develop own competence
   1. Indicators: Determines own scope of practice utilising the principles in Scope of Practice**
4. Acts to enhance prof. development of self /others
   1. Indicators: Commitment to learning, teaching

*Code of Professional Conduct, 2014, ** Scope of Nursing and Midwifery Practice Framework, 2015
2. Interpersonal relationships

1. Demonstrates the ability to communicate effectively in writing
   1. Indicators: accurate, clear and current records maintains client confidentiality

2. Demonstrates the ability to communicate effectively verbally (with patients/families and colleagues)
   1. Indicators: e.g. clear, accurate verbal reports

3. Demonstrates the ability to communicate effectively with the multidisciplinary team
   1. Indicators: establishes and maintains collaborative relationships with colleagues, formulates collaborative plan of care
3. Practical and technical skills utilising a holistic approach to care

1. Performs nursing care accurately and safely utilising a holistic approach to care

   Indicators: Demonstrates application of prior learning and experience in the acquisition and performance of skills
   Conducts systematic holistic assessment
   Plans and implements care to achieve identified outcomes
   Evaluates progress toward expected outcome
   Accurately measures, analyses, interprets, and records clinical observations
   Maintains a safe environment
4. Clinical Decision-making and Critical Thinking Skills

1. Demonstrates effective clinical decision-making
   1. Indicators: Structured approach, cues, etc.

2. Demonstrates effective critical thinking
   1. Indicators: Uses relevant knowledge/research, thoughtful questioning attitude

3. Values research in contributing to development in nursing and improved standards of care
   1. Indicators: Applies research to clinical practice

4. Reflects on and appraises practice
   1. Indicators: Critically evaluates CP using a recognised framework
5. Organisation and management of care

1. Demonstrates an ability to plan, lead, organise and co-ordinate the nursing care of individuals/groups
   1. Indicators: Contributes to overall goal/mission of healthcare institution; Aware of legal, social, political and cultural issues which impact on the provision of health care; Delegates appropriately

2. Facilitates the co-ordination of care
   1. Indicators: Works with all team members to ensure that client care is appropriate, effective and consistent
### 1.1.3 Achievement Levels

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>STANDARD</th>
<th>QUALITY INDICATOR</th>
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| Novice  | Safe, accurate and effective performance with constant supervision | • Skilful in some aspects but lacks coordination.  
• Displays limited confidence.  
• Spends considerable time in achieving learning outcomes.  
• Occasionally able to focus on the patient, but concentrates on skills |
| Advanced Beginner  | Safe, accurate and effective performance with appropriate supervision | • Skilful and co-ordinated performance in some aspects of care.  
• Displays some degree of confidence.  
• Spends excess time in achieving outcomes.  
• Focuses on patient but is distracted when skill is more complex. |
| Competent | Safe, accurate and effective performance without the need for direct supervision | • Skilful and co-ordinated performance.  
• Displays increasing confidence.  
• Economical, effective and efficient use of time.  
• Able to focus primarily on the patient. |
| Proficient | Safe, accurate and effective performance without the need for supervision | • Skilful and co-ordinated performance.  
• Has the ability to problem solve and engage in discriminate thinking  
• More holistic understanding and improved decision making  
• Learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events |
| Expert  | Safe, accurate and effective performance without the need for supervision | • Skilful and co-ordinated performance.  
• Intuitive grasp of situations without the need for extensive consideration of a wide range of alternative ineffective diagnoses or solutions  
• Is able to recognise patterns and quickly make decisions |

Need to be here by the 3rd (final) meeting
For successful completion of the programme

• Although some students may attain higher levels of achievement, all students should be deemed at least ‘competent’ in all indicators of all sub-domains of all domains by the third assessment.

• The level of achievement (N, AB, C, P, E) must be individually recorded for all indicators (i.e. not AB-C) or “√”.

• Must achieve the clinical learning outcomes (where required) and have them signed by the assessor.
## Clinical Competence Assessment Tool

<table>
<thead>
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<th>Sub-Domain</th>
<th>Indicator</th>
<th>Level of Achievement Assessment</th>
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<tbody>
<tr>
<td>Professional/Ethical Practice</td>
<td>Practices in accordance with legislation affecting nursing practice</td>
<td>Demonstrates knowledge of contemporary ethical issues impinging on nursing &amp; engages effectively in ethical decision-making in accordance with the Code of Professional Conduct</td>
<td>One: AB, Two: AB, Three: C</td>
</tr>
<tr>
<td></td>
<td>Demonstrates appropriate professional behaviour</td>
<td>Implies the philosophies, policies, protocols &amp; clinical guidelines of the department within the health care institution</td>
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<tr>
<td></td>
<td>Adheres to Code of Professional Conduct</td>
<td>Responds appropriately to instances of unsafe or unprofessional practice</td>
<td></td>
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<tr>
<td></td>
<td>Adheres to the Policies of the local Health Care Institution</td>
<td>Integrates knowledge of rights and serves as an advocate for clients &amp; groups in the health care setting</td>
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<tr>
<td></td>
<td></td>
<td>Practices in a way that acknowledges the differences in beliefs &amp; cultural practices of individuals / groups / communities</td>
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### Assessment 1
- Signed Clinical Assessor
- Date:

### Assessment 2
- Signed Clinical Assessor
- Date:

### Assessment 3
- Signed Clinical Assessor
- Date:

Verified that all documentation is complete following Assessment 3
Programme Co-Ordinator (UCD)
Date: Correct
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This will be handed back and will need to be resubmitted!
Important Points

- All clinical documents should be completed using pen rather than pencil.
- Students need to ensure to co-sign and that all content including signature are legible and clear.
Supportive Action Plan

• At any stage in the assessment process, a supportive action plan can be formulated using the pro-forma provided at the end of the document to assist the student to attain the desired level of competence prior to the next assessment.

• An Action Plan will normally be formulated within three weeks, in the event of the student not having reached the required standard of competence.
Assessment of progress

- CCAT will be taken up by programme director *normally* on the last day of class in Semester 1.

- First Assessment should be completed and signed off.

Students who have not attained the required level of Competence by **Formal Assessment Three** will be submitted as a fail mark in the Clinical Practicum Module to the Exam Board.

→ Need to repeat the assessment using new copy of CCAT and a Supportive Action Plan will be initiated under the direction of UCD programme director.
Important Points

• Student’s responsibility to approach Assessor to discuss the arrangements for the 3 assessments Normally

• First Assessment around October/November

• Second Assessment in January

• Third Assessment by the beginning of the second semester examinations period - April

• Plan meetings earlier rather than later in anticipation of unexpected issues that may arise

So please discuss with programme director

Should make a copy of this completed document for yourself prior to submission at the end of the programme to have for your portfolio
Contact

• Students and/or Assessors may contact the relevant programme director in UCD at any time if clarification is required

• It is better to identify and address problems/issues early on in the process

• Any Questions?

• Thank you
Resources

• HSELand Learning Programmes
  – http://www.hseland.ie/tohm/default.asp

• Nursing and Midwifery Board of Ireland (NMBI)
  – http://www.nursingboard.ie
  – Current publications
  – NMBI Ezine
Acknowledgements

• Thank you to all assessors for undertaking the role of assessing students on the UCD Graduate Diploma in Nursing Studies programmes

• The CCAT document was developed by UCD colleagues in partnership with clinicians in MMUH, SVUH, OLH, OLCH, The National Rehabilitation Hospital, The Children’s University Hospital


• Nursing and Midwifery Board of Ireland (NMBI) (2015) *Scope of Nursing and Midwifery Framework*. Nursing and Midwifery Board of Ireland, Dublin.

Bibliography

• NMBI (2003) *Guidelines on the key points that may be considered when developing a quality clinical learning environment*. NMBI, Dublin, Ireland.

• NMBI (2014) *Code of professional conduct and ethics for registered nurses and registered midwives*, NMBI, Dublin.

