

Using a Competency Framework to Support the Practice of Nurses Working in Addictions Settings

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+ Learning Objectives

Participants will learn about key elements of our competency framework development method:

1. Literature search & gap analysis
2. Identification of promising frameworks
3. Integration of nursing context into a chosen framework
4. Validation process
5. Future areas of research

+ CAMH Context

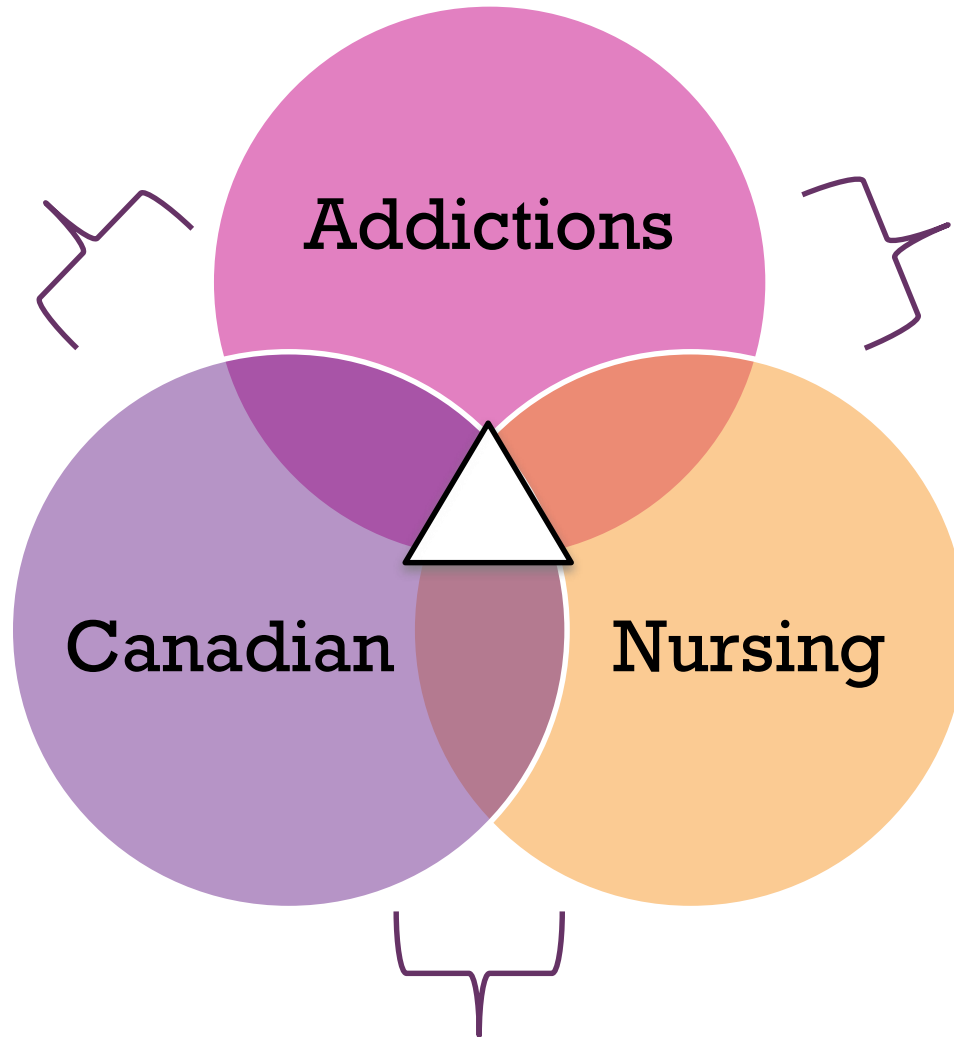
- Largest mental health & addictions facility in Canada (only mental health & addictions facility in Ontario with an Emergency Department)
- Serve over 28,000 clients per year; inpatient and outpatient across the lifespan
- Academic Teaching Hospital, fully affiliated with University of Toronto
- Need addictions capacity across the organization to facilitate integrated care

+ Defining “Competencies”


Competencies are defined as “specific knowledge, skills and personal attributes required for a registered nurse to practice safely and ethically in a designated role or setting” (CNA, 2004).

+ Literature Search & Gap Analysis

- Canadian Centre on Substance Abuse (CCSA): Technical Competencies
- CCSA: Behavioural Competencies



- International Nurses Society on Addictions
- Matua Raki Competency Framework

 = literature gap

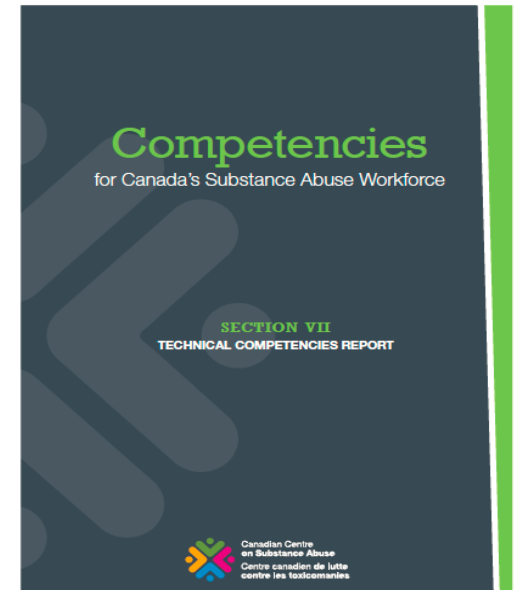
- CFMHN: Standards of Practice
- CNA Certification Curriculum

+ Promising Framework: CCSA

Strengths	Limitations
Relevant to Canadian context	Not nursing specific
Substance use specific	Organized differently from CFMHN Standards
Rigorous validation	
Specific and granular	

+ Integration of Nursing & CAMH Context

- Alignment with CFMHN Standards
- Context was important:
 - CAMH Addictions Services
 - Broader CAMH
 - Community organizations
- Focused on CAMH Addictions Services



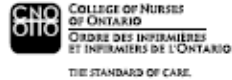
Canadian Standards for
Psychiatric-Mental Health Nursing

Standards of Practice
4th Edition March 2014



+ Integrating Literature

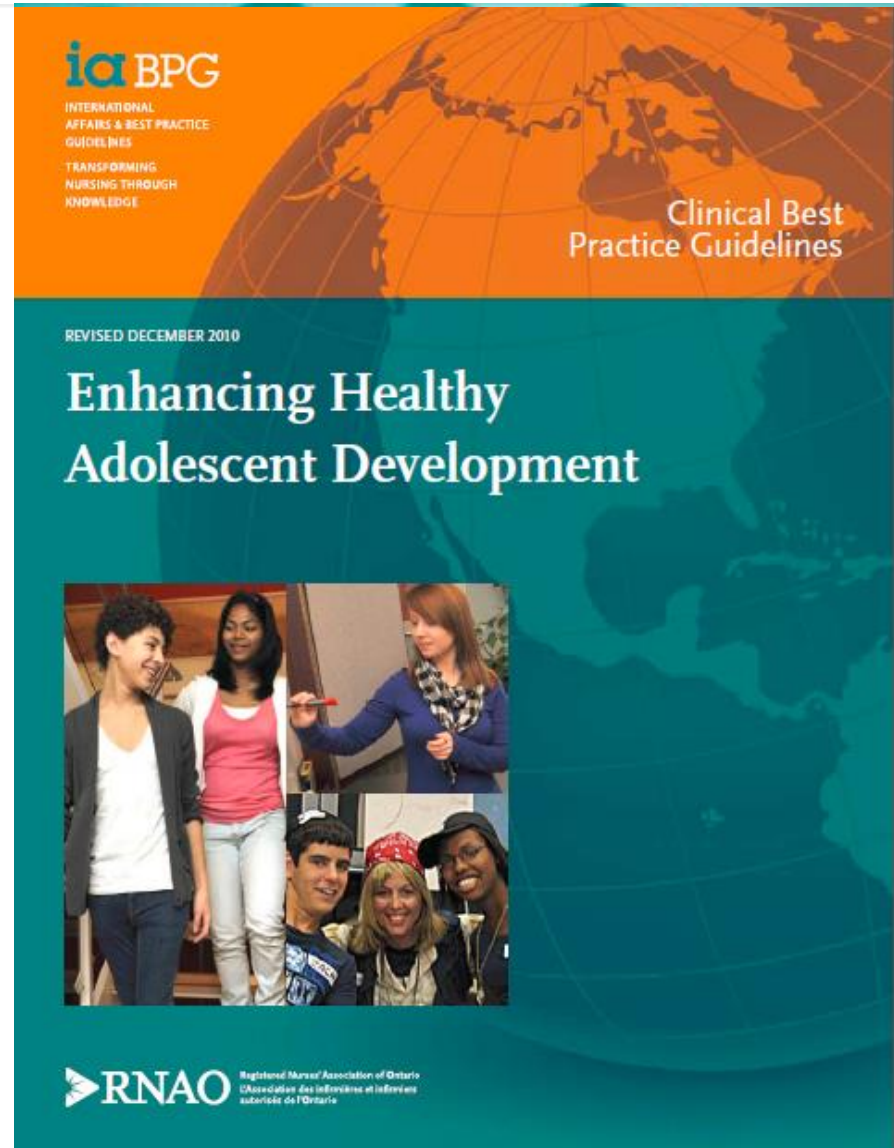
PRACTICE STANDARD



Professional Standards, Revised 2002

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REVISED DECEMBER 2010

Enhancing Healthy Adolescent Development

RNAO Registered Nurses' Association of Ontario
l'Association des infirmières et infirmiers
autorisés de l'Ontario

+ Integration Process

- **Identified** competencies that were:
 - Basic nursing entry to practice
 - Well-represented in the CFMHN Standards
- **Modified** existing competencies:
 - To align with CAMH addictions context
- **Incorporated** necessary competencies from the literature
- **Created** a new competency category: “Supportive Physical Care”



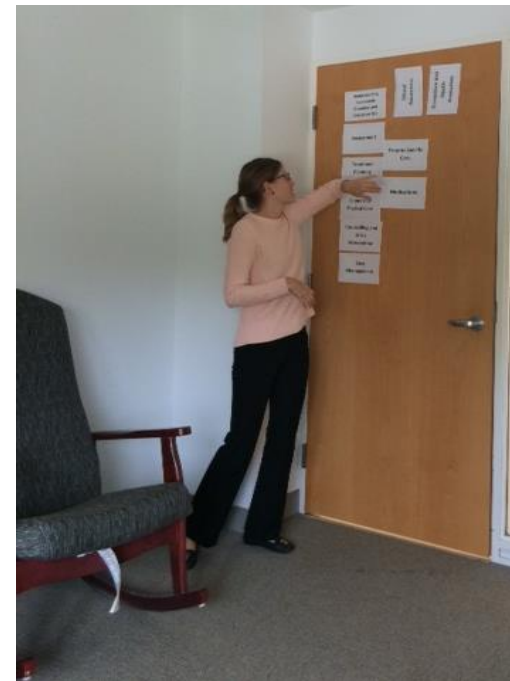
+ Validation Process: Group Priority Sort Method

- Supports consensus building and effective consultation
- Builds on Q methodology with two key adaptations:
 - Qualitative method
 - Group setting
- Draws on combined knowledge of stakeholders
- Groups can be small or large
- Sorting and ranking activities



+ Validation Process: Our Group Priority Sort Protocol

- Groups of nurses given 16 competency headings
- Asked to isolate the 'top 10' and then rank them from 'most important' to 'least important'
- Then, ranked individual competency indicators from the top 2 or 3 competencies identified in the first activity



+ Preliminary Findings

Addictions Nursing Competencies



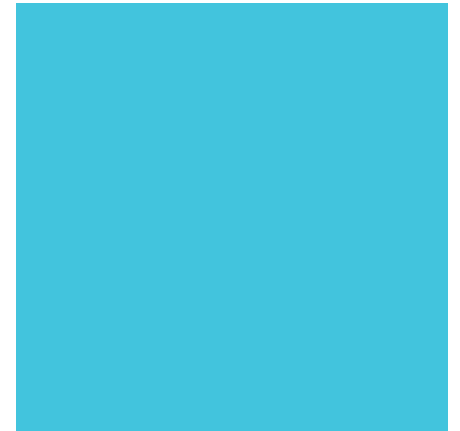
+ Lessons Learned to Date

- Groups were not always feasible
- Co-facilitation allowed richer data
- Enjoyed sorting activities
- Some prompting and redirecting was necessary
- Did not always agree with or understand terminology



+ Next Steps

- Validation with clients, families, and interdisciplinary team
- More thorough validation
- Continue to develop Supportive Physical Care competency category
- Collaborate with external stakeholders: Explore CAMH-wide and community competencies
- Continue to enhance alignment with CFMHN Standards



+ References

Canadian Nurses Association. (2004). Position statement: Promoting continuing competence for registered nurses. Retrieved from https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/promoting-continuing-competence-for-registered-nurses_position-statement.pdf?la=en

Jacobson, A., McGuire, M., Zorzi, R., et al. (2011). The group priority sort: A participatory decision-making tool for healthcare leaders. *Healthcare Quarterly*, 14(4). 47-53.

+ Discussion

