Differentiated Essential Competencies for Graduates of Texas Nursing Programs

Elizabeth Poster, PhD, RN, FAAN; Eileen Deges Curl, PhD, RN, CNE; and Susan Sportsman, PhD, RN

In 2010, the Texas Board of Nursing (TBON) approved its updated competency standards for new vocational nurse (VN), diploma/associate-degree nurse (DIP/ADN), and baccalaureate-degree nurse (BSN) graduates to make the competencies consistent with the changing health-care environment. Eleven essential competencies were added to the existing 14 to reflect the evolving role of the nurse. The new Differentiated Essential Competencies of New Graduates of VN, Diploma/ADN, and BSN Programs (DEC) (Texas Board of Nursing [TBON], 2010a). Based on the educational outcomes of the three levels of prelicensure nursing educational programs, the DEC revisions were developed within the TBON Advisory Committee for Education (ACE), which received input from nursing programs, nursing organizations, affiliating clinical agencies, employers, and other stakeholders (Poster et al., 2005). The 2010 DEC incorporates concepts from current literature, national standards, and research since 2002. Previous versions of the DEC include Essential Competencies of Texas Graduates of Education Programs in Nursing, approved in 1993 (Board of Nurse Examiners [BNE] for the State of Texas and Texas Board of Vocational Nurse Examiners [BVNE], 1993), and Differentiated Entry Level Competencies (DELC) approved in 2002. (BNE for the State of Texas & BVNE, 2002a).

The DEC was written to provide guidance to new and current Texas nurse education programs for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, and compassionate care. The DEC describes the knowledge and clinical judgments and behaviors needed to meet the essential competencies. The 25 competencies are available at http://www.bon.state.tx.us/. Table 1 is a sample of the Member of the Health Care Team essential competencies for VN, DIP/ADN, and BSN new graduates.

Students receive the educational preparation required to demonstrate each competency before they graduate; however, as noted by Kearney and Kenward (2010), many competencies cannot be fully evaluated until new graduates make the transition to nursing practice, where they have real patient experiences and practice within the full scope of their roles. For example, although BSN programs have leadership content in the curriculum and students’ delegation abilities can be evaluated in simulation settings, it is not until after graduation that this ability is further developed and demonstrated according to Texas’ delegation rules.

Methodology

At the July 2008 TBON meeting, the ACE was charged with analyzing and revising the 2002 DELC, based on changes in the health-care environment, current research findings, and updated national standards. The ACE members represented the Licensed Vocational Association of Texas, Texas Association of Deans and Directors of Professional Nursing Programs, Vocational Career Colleges and Schools, Texas Organization of Associate Degree Nursing, Vocational Hospital-Based Programs, Texas Association of Vocational Nursing Educators, Texas Organization of NurseExecutives, Texas Nurses Association, and Diploma Programs.

Through meetings and telephone conference calls over 26 months, the ACE workgroup revised the DELC, changing its title and focus. The competencies were grouped under four category labels: patient-safety advocate (a new category), member of the health-care team (a reconceptualization of coordinator of care), provider of patient-centered care, and member of the profession.

The number of essential competencies increased from 14 in the DELC to 25 in the DEC. All competencies were updated using national standards, current literature, and research findings (American Association of Colleges of Nursing, 2008; American Nurses Association [ANA], 2003, 2008; Benner, Sutphen, Leon-
TABLE 1
Texas Board of Nursing: Differentiated Essential Competencies

<table>
<thead>
<tr>
<th>Vocational Nursing</th>
<th>Diploma and Associate-Degree Nursing</th>
<th>Baccalaureate-Degree Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate and collaborate with patients, their families, and the interdisciplinary health-care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.</td>
<td>Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health-care team to plan, deliver, and evaluate patient-centered care.</td>
<td>Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health-care team to plan, deliver, and evaluate care.</td>
</tr>
<tr>
<td>Participate as an advocate in activities that focus on improving the health care of patients and their families.</td>
<td>Serve as a health-care advocate in monitoring and promoting quality and access to health care for patients and their families.</td>
<td>Serve as a health-care advocate in monitoring and promoting quality and access to health care for patients, families, populations, and communities.</td>
</tr>
<tr>
<td>Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.</td>
<td>Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.</td>
<td>Use multiple referral resources for patients, families, populations, and communities, considering cost; confidentiality; effectiveness and efficiency of care; continuity and continuum of care; and health promotion, maintenance, and restoration.</td>
</tr>
<tr>
<td>Communicate and collaborate in a timely manner with members of the interdisciplinary health-care team to promote and maintain optimal health status of patients and their families.</td>
<td>Communicate and collaborate in a timely manner with members of the interdisciplinary health-care team to promote and maintain optimal health status of patients and their families.</td>
<td>Communicate and collaborate in a timely manner with members of the interdisciplinary health-care team to promote and maintain optimal health status of patients, families, populations, and communities.</td>
</tr>
<tr>
<td>Communicate patient data using technology to support decision making to improve patient care.</td>
<td>Communicate and manage information using technology to support decision making to improve patient care.</td>
<td>Communicate and manage information using technology to support decision making to improve patient care and delivery systems.</td>
</tr>
<tr>
<td>Assign nursing care to licensed vocational nurses or unlicensed personnel based upon an analysis of patient or unit need.</td>
<td>Assign and/or delegate nursing care to other members of the health-care team based upon an analysis of patient or unit need.</td>
<td>Assign and/or delegate nursing care to other members of the health-care team based upon an analysis of patient or organizational need.</td>
</tr>
<tr>
<td>Supervise nursing care provided by others for whom the nurse is responsible.</td>
<td>Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.</td>
<td>Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.</td>
</tr>
</tbody>
</table>

ard, & Day, 2010; Cronenwett, Sherwood, & Gellman, 2009; Cronenwett et al., 2007; Day & Smith, 2007; Drinka & Clark, 2000; Finkelman & Kenner, 2009; Greiner & Knebel, 2003; Joint Commission, 2009; National Association for Practical Nurse Education and Service, 2007; Newhouse, Dearholt, Poe, Pugh, & White, 2007; Oregon Consortium for Nursing Education, 2007; Sherwood & Drenkard, 2007). Current expectations of nursing practice related to safety, advocacy, patient-centered care, evidence-based practice, use of technology, and informatics were incorporated (National Advisory Council on Nurse Education and Practice, 2008; TBON, 2010a). The workgroup’s goal was to use wording that would be flexible enough to ensure that the DEC would retain its relevance until the next revision. Because change is inevitable, the workgroup was confident that the TBON would convene another workgroup when another revision was indicated.

The 25 essential competencies, as mentioned earlier, are grouped under four aspects of the nurses’ roles: member of the profession, patient-safety advocate, provider of patient-centered care, and member of the health-care team. The expected knowledge, clinical judgments, and behaviors related to each competency are described in detail. Students are evaluated throughout their programs of study and at the end of their programs to determine achievement of the competencies. The evaluation of
the competencies may be conducted by nursing programs using
the measurable objectives in their clinical-evaluation tools. The
evaluation methods may vary by course and program but are
consistent in their measurement of students’ knowledge, clinical
judgments, and behaviors gained from curriculum content and
clinical experiences. Each program of study (VN, DIP/ADN,
and BSN) prepares students to have the knowledge, values, and
professional ethics that are the foundation on which they will
make clinical judgments and practice decisions for safe, compas-
sionate, and effective patient care. Each graduate’s knowledge
and values will also be the foundation for lifelong learning and
effectiveness as a member of the profession and health-care team.

In September 2009, the revised competencies were dis-
tributed to all 97 TBON-approved nursing-education programs
for comment. Also, ACE members and TBON staff presented
information about the revised document to deans, directors, and
program coordinators at official state meetings of the vocational
and professional nursing program organizations. Comments and
responses were considered, and revisions continued as a part of
the dissemination and input process as board staff met with focus
groups and representatives of hospitals, health-care settings, and
affiliating agencies in Austin, Houston, Dallas, and Harlingen.
The regional focus groups included nursing administrators and
educators; clinical agency representatives from hospitals, long-
term care settings, and public health facilities; and employers
of new nursing graduates, including orientation and in-service
education staff. These stakeholders were receptive to the meet-
ings as there is a history of strong collaboration among health-
care agencies and the nursing programs in each region of Texas.
Board staff sent an online survey to affiliate agencies identified as
clinical learning settings for nursing students to determine the
usefulness of the DEC (TBON, 2009a) to the health-care com-
unity. All stakeholders who were involved in these meetings
and responded to the survey are included in the published DEC.

The final revision of the DEC was approved for adoption
by the TBON at its October 21, 2010 meeting. After time
for public comment, the DEC is expected to be accepted for
implementation in January 2011. The TBON staff will inform
new nursing program applicants of the DEC and help existing
programs plan for implementation during 2011.

Analyzing Competencies

The revision of the DELC that culminated in the current DEC
involved an analysis of current nursing competencies. The Na-
tional Council of State Boards of Nursing (NCSBN) (2005)
defines nursing competency as the “application of knowledge,
interpersonal decision-making and psychomotor skills expected
for the practice role within the context of public health” (p. 70).
Nursing practice by licensed nurses in Texas, as in other states,
extends along a scope of practice continuum based on educational
preparation spanning from the VN to the doctorally prepared
registered nurse (RN). Though licensed vocational nurses (LVNs)
may assign selected aspects of nursing care to ancillary personnel,
such as nursing assistants or aides, the DEC only focuses on the
knowledge, clinical judgments, and behaviors of LVNs and RNs.

Basic educational preparation for the National Council
Licensing Examination for Practical Nurses (NCLEX-PN®) is
provided at the vocational level in TBON-approved programs in
community colleges, hospitals, and career schools. Educational
preparation for the NCLEX-RN® may be obtained through
TBON-approved diploma, associate-degree, and baccalaureate
programs (including generic master’s-degree programs). Each
of these programs provides the necessary preparation for prac-
tice as a registered professional nurse. Curricula of the programs
differ, and the educational level dictates a differentiated set
of essential competencies of respective graduates. The competency
statements in the DEC describe progression in expected behav-
iors across programs from VN to Diploma/ADN to BSN. The
competencies of each educational level build on the previous
level. The DEC is a guide that ensures programs prepare gradu-
ates to provide safe, competent care. The TBON rules are also
available to organizations planning to establish new vocational
and professional programs and to current nursing programs to
meet the approval criteria established by the TBON (2010b).

The DEC is designed to demonstrate the progression of
expectations across the types of nursing programs based upon
educational preparation. The workgroup felt that it may not be
possible to evaluate students’ abilities on some of the compet-
encies since new graduates will grow from novice to advanced
beginner as they transition into practice (Benner, 1984; National
Council of State Boards of Nursing, 2006). The expectation is
that education programs prepare their graduates with a back-
ground enabling them to demonstrate specific competencies in
more comprehensive ways (labeled with an asterisk in the DEC
document) after graduation, usually during employment. All
of the competencies may be viewed as learning goals that can
be evaluated in a variety of ways, such as with traditional or
online tests and projects, during clinical rotations or simulation
scenarios, and in objective standardized competency evaluations.
As regulators, boards of nursing focus on entry level practice and
competency to meet minimal entry-level standards.

Redundancy in the DEC statements in various categories
is intentional. The document was designed so sections related to
a distinct competency or educational level can stand alone. This
was done for ease of access as constituents often link to only a sec-
tion of the document perhaps related to a level of education or to
one of the four roles. Most competencies build across educational
levels, but some are the same across levels. For example, safe
practice, the avoidance of injury or harm when providing care,
is expected of students graduating from all nursing programs.
Scope of Nursing Practice

The scope of nursing practice for which the student is being prepared is reflected in the competencies and the amount/type of education required to obtain these competencies. The scope of practice defines the extent of the provision of care within each level of educational preparation. Differences in scope of practice are informed by the breadth of liberal arts prerequisites required by the prescribed education as well as the depth and breadth of nursing content. The wording used to describe the scope of practice among the levels of education was based on the fact that vocational nursing education focuses on individuals, associate and diploma education focus on patients and their families, and baccalaureate education programs take a broader view to include populations and the community.

In addition to being used for curriculum development, the DEC may be used in the practice area to assist employers with orientation and internship programs, career ladders, entry-level evaluation of competencies, job descriptions, and orientation, internship, and residency program design.

Values and Ethics in Nursing

The introduction to the DEC addresses the values and ethical principles inherent to the nursing profession: altruism, human dignity, truth, justice, freedom, equality, esthetics, and beneficence. Through the educational process, students are provided the necessary experiences to develop the knowledge, clinical judgments, and behaviors expected of practicing nurses that are strongly influenced by values and beliefs about oneself and society.

The Code of Ethics for Nursing with Interpretive Statements (ANA, 2001) embodies the profession’s central values and standards of conduct, reflecting its responsibility to society, and essentially provides the framework for decision making for the profession and the parameters of professional integrity. Violation of the code’s professional standards may result in disciplinary action (TBON, 2009a).

Summary and Implications

A 2008 DELC Survey of 95 professional nursing programs in Texas found that 95.7% of programs rated their graduates as having met “completely” or “to a high degree” the DELC outcomes at the time of graduation. Another 5.4% of the programs stated that their graduates met the outcomes to a “moderate degree.” Programs attested that the DELC had been useful in course development, providing concepts to be used across the curriculum, offering level objectives and terminal program competencies, avoiding overlap with higher levels of nursing education, determining progression, developing clinical evaluation tools, and clarifying role definitions for all levels of nursing education (TBON, 2009a). Historically, graduates from Texas programs (both VN and RN) score higher than the national average on the NCLEX, providing some evidence that these competency expectations are helpful to the success of graduates’ performance on the licensing examination.

Based on these recent survey results, it is expected that the DEC will also serve as an important document for nurse educators, health-care agencies, students, and the public. For students, the DEC is a guide to what they can expect of their nursing education and what will be expected of them as new graduates. By sharing and talking about the DEC early and throughout the education process, nurse educators can enable students to better articulate their roles and responsibilities as members of the profession and health-care team, patient-safety advocates, and health-care providers. In addition to informing students, the DEC clarifies for the public what can be expected from VN, Diploma, ADN, and BSN nursing education.

References

Board of Nurse Examiners for the State of Texas and Texas Board of Vocational Nurse Examiners. (2002b). Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs: Vocational (VN), Diploma/Associate Degree (DIP/ADN), Baccalaureate Degree (BSN). Austin, TX: Author.


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