Title

Professional Overview of the Development and Underpinning Theoretical Principles of the Heart Failure Specialist Nurse Competency Framework

Authors:

Maggie Simpson 1, Yvonne Millerick 2, Lucy Girdler-Heald 3, Karen Higginbotham 4, Katharine Whittingham 5, Jayne Masters 6, Carys Barton 8

1 Advanced Clinical Nurse Specialist, Golden Jubilee National Hospital, Clydebank, UK

2 Nurse Consultant Senior Lecturer, Glasgow Royal Infirmary and Glasgow Caledonian University, Glasgow, UK

3 Lead Heart Failure Nurse Specialist, Upton Hospital, Berkshire NHS Trust, UK

4 Liverpool John Moores University, Liverpool, UK

5 University of Nottingham, Nottingham, UK

6 Lead Heart Failure Nurse Specialist, University Hospital Southampton NHS Foundation Trust, Southampton, UK

8 Nurse Consultant, Imperial College Healthcare NHS Trust, UK

Abstract

Since Lynda Blue's seminal work evidencing the benefits of Heart Failure Specialist Nurses (HFSN's) in improving patient outcomes (Blue et al 2001), the management and care of heart failure has become more advance and complex. With an ageing population, the prevalence of heart failure is increasing along with the demand for resources to manage care (Conrad et al 2018). Despite this increase in the numbers of people diagnosed with heart failure the number of heart failure nurses to manage demand has remained static (Masters et al, 2019). The development of the HFSN Competency Framework was in recognition of the need to provide a standardised educational pathway that is flexible and that enables and supports HFSN to become confident and accountable practitioners in an ever-changing health care economy.

Declaration of interest –None

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Key Words

Heart Failure, Competency Framework, Advance Practice, Education, Assessment, Nurses

Introduction

The aim of this paper is to outline the underpinning conceptual principles of Advanced Nursing and Competency embedded in the Heart Failure Specialist Nurse Competency Framework, launched in Jan 2021. We refer to Benners Novice to Expert Pedagogy (Benner, 1984) and how this provides a robust framework on which to assess the progress of the heart failure specialist nurse. Some key considerations are discussed; for example the importance of constructive feedback in the individuals learning cycle. Finally, we discuss plans for the future and the importance of evaluation in our ongoing commitment to improve the learning experience.

Background to Advanced Nursing Practice

In recent years, globally the nursing profession has seen increased profiles and demand for nurses to work at advanced levels of nursing practice with such roles requiring a range of diverse skills and knowledge. Whilst many in the profession embrace this evolving, changing face of nursing, the emersion of roles additionally brings challenges associated with the plethora of different titles, job descriptions, grade boundaries and differing commissioning expectations.

The International Council of Nurses guidelines on Advanced Practice Nursing (Schober et al, 2020) sets out descriptors of Advanced Nursing Practice to offer clarity in the attributes required for these roles. The guidelines advocate that nurses working in Advanced Practice have acquired expertise through clinical experience and professional development to be equipped to manage complex patients through competent clinical decision-making and evidence based practice.

In the United Kingdom (UK), the Royal College of Nursing (RCN) considers Advanced Nursing to incorporate the four pillars:

- Advanced clinical practice
- Leadership
- Facilitation of education and learning
- Evidence of research and development (RCN, 2020)

Importantly the RCN deems Advanced Practice as a level of nursing that incorporates the four pillars rather than type or speciality of practice.

Despite international and national guidelines, in the UK a wide range of jobs titles relating to advanced nursing practice persists. Leary et al (2017) propose that the drivers for the creation of jobs titles can be employers and commissioners who seek to meet their own local service provisions. As such, roles have developed in an uncoordinated manner with clinical rather than professional perspectives as the key priority. This had led to a fragmented understanding of advanced nursing and the integral characteristics. Because of the nebulous nature of roles and titles in Advanced Practice, consideration should be given to regulation, educational requirements and required preparation (Lowe et al, 2012).

What's in a name?

Advanced nursing practice commonly encompasses job titles Clinical Nurse Specialist, Specialist Nurse/Nurse Specialist, Advanced Nurse Practitioner, Nurse Practitioner and Nurse Consultant (Leary et al, 2017.,Schober et al,2020).

A review conducted by Cooper et al (2019) explored Advanced Nurse Practitioners and Nurse Specialist roles to pinpoint parallels and variances in the job expectations.

Both roles offer nurses a high degree of autonomy and require advanced clinical decision-making skills and knowledge. Core components are patient care, leadership and service development, education, research and audit and service administration (Donald et al, 2013).

A key difference of the Nurse Specialist is commonly linked to a specialist clinical area; in the context of this paper namely Heart Failure. Specialist Nurses tend to have greater depth of knowledge of the clinical focus and service delivery (Cooper, et al 2019). Cooper at al

(2019) propose transparency is required on the requisite competencies for specific Advanced Nursing roles and preparation required to fulfil these requisites.

A strategy to achieve such transparency is the development of competency frameworks for defined Specialist Nurse Roles.

Heart Failure Specialist Nurse Competency Framework

The Heart Failure Specialist Nurse competency framework was developed as a collaboration between a Heart Failure Nurse Consultant, Heart Failure Specialist Nurses, and Nurse Academics along with the RCN and commissioners.

Heart Failure Specialist Nurses (HFSN) are autonomous practitioners working in advanced nursing roles. The purpose of the competency framework was to offer a definition of competency and competency requisites required for nurses working as HFSN.

The framework is intended to support the development nurses' knowledge and skills and can be utilised in a manner of ways including:

1. Support HFSN plan their professional development in heart failure
2. Inform and guide managers on the required competency at the various levels of HFSN professional development
3. A reference for planning and commissioning heart failure educational programmes
4. Information for commissioners in identifying appropriate staff to deliver services to meet local need.

What is Competence?

Competence is viewed as the ability to perform a work role to a defined standard with reference to real working environments that ideally include the individual's ability to demonstrate their cognitive knowledge, skills, behaviours and attitudes in any given situation (Boritz and Carnaghan 2003, Ilic 2009). Health Education England (2017) produced a multi professional

framework for nurses working in advance roles to establish a nursing workforce capable of meeting the changing demands of the patient population. The framework advocates that practitioners and their managers understand the individual's learning needs to support them in meeting the four pillars of advanced clinical practice. The HFSN competency framework aims to provide a structure and measurable guide to facilitate this professional development process.

Within the framework document, there are fifteen competencies each relating to a skill and knowledge required to practice as a proficient HFSN. The competencies were chosen to reflect the ongoing level of advance clinical competency required of a HFSN. The British Society Heart Failure Nurse Forum (BSHFNF) recognised that alongside the significant advancements in nursing practice and heart failure management in the last 20 years, there is considerable variation in practice, standards and inequity of service delivery across the UK. It was therefore vital that a competency framework was developed to support the HFSN's professional development and ensure consistent high standards of care nationally. The development of this framework also provided evidence to stakeholders, commissioners and service users, the standards required to develop and maintain sustainable services.

Applying Benner's Novice to Expert Pedagogy

The HFSN competency framework is underpinned and mapped to the theoretical framework novice to expert, based on Dreyfus and Dreyfus model of skill acquisition (Dreyfus and Dreyfus, 1980), which was later adapted by Patricia Benner in her seminal work 'Novice to Expert' (Benner, 1984). According to Benner (1984) the nurse will pass through five stages of proficiency; these include novice, advance beginner, competent, proficient and expert (**see figure 1 –maybe place here)**. Skill attainment requires an ordinal progression through each of these proficiency levels, acquiring knowledge and skill, until the taxonomy level of expert is accomplished. A key benefit of Benner's model (1984) is it takes into account prior learning and experience (Landers et al 2020). This was considered as important by the project team as we were keen to acknowledge HFSN would enter this competency framework at different

stages based on their knowledge and experience. A fundamental component of this model is the emphasis on reflection in practice and the integration of evidence base to enhance clinical decision making; attributes considered important when considering advanced nursing practice (Gee et al 2018). The ease of transition from one proficiency level to another meant this model of learning and skill acquisition was appealing to the HFSN community plus the model has a degree of familiarity to nurses, important when considering its application to advance clinical practice. Rischel et al (2008) and Lyneham et al (2008) argue that nurses are likely to demonstrate skills up and down the hierarchy despite an individual's level of experience and competence. The authors acknowledged during the development of this HFSN competency framework that the journey of a HFSN is not linear; in fact for many further clinical skill acquisition and education will be required due to the complex ever changing demands of the specialism (Kerr and Macaskill 2020). With this in mind a consensus was agreed amongst the authors that the initial assessment of the nurse would need to reflect both past and current clinical experience and that identifying gaps in skills and knowledge would influence where on the Benner Model (1984) of proficiency the HFSN would begin their learning journey. The following section will outline in more detail the assessment process and how this translated into the assessment of HFSN in clinical practice.

Assessment of competence

Assessment of nurses in clinical practice can be challenging for a number of different reasons (Franklin and Melville 2013, Wilkinson 2013). Firstly, assessment often involves complex interpersonal knowledge and judgement measures, which often require the individual to reflect, respond and interpret evidence (Yanhua and Watson, 2012). Secondly, the process of assessment is reliant on an individual expert nurse undertaking the assessment without bias; something which has been fervently debated in the nursing literature (Kamran and Ramachandran, 2012). Benner (1984) believes that competency assessments should reflect the competency level of individual nurses and often development of competency based assessments tools fail to factor in the differing levels of skills and knowledge between nurses.

Moreover, little consideration is given to the skill and knowledge of the expert nurse; important factors to consider when undertaking the role of assessor in reviewing clinical competence (Benner, 1984). The assessment of competency within the HFSN competency framework is designed to mitigate some of these concerns by acknowledging prior learning and building into the framework different methods of assessment. These different methods provide the HFSN with a degree of flexibility as to how each competency is assessed and subsequently achieved. Boritz and Carnaghan (2003) recommend that competency based assessment should not only integrate knowledge and skills but should also be made on evidence gathered on a number of occasions across a variety of context and principles. With this in mind the assessment of competencies included the following; Direct Observation of Practice (DOP),Case Based Study (CBS), Reflective Dairies /Accounts/ Report (RAD), Questions and Answers (Q&A), Feedback from Colleagues and Patients (FCP), attendance at Recognised Nationally Courses (NRC) and finally Locally Attended Courses (LAC). (**Refer to Table 1 Example of Heart Failure Competency Framework**). The date of when the competency is achieved along with the assessor's signature will provide the evidence to support achievement of the competency. It is important to mention here that integral to this assessment process will be the undertaking of a self-assessment of prior learning by the nurse before commencing the competency framework.

Constructive feedback, which is an important consideration when undertaking competency assessment (Epstein, 2007); ideally it should be undertaken by more than one person (the assessor). It is envisaged that the HFSN would be assessed by a blend of multi professionals working across the discipline of heart failure. This would hopefully provide a more fair and impartial assessment and provide a wider range of perspectives, knowledge and expertise. The plan was to provide nurses with written feedback and feedforward on the competencies performed; particularly important when considering progression on the proficiency scale. For competencies not achieved, the assessor and the nurse would agree an action plan; direction and support is given before the reassessment. The HFSN framework is integrated into the

nurse's professional portfolio and becomes part of their NMC revalidation. This allows for self-reflection and evaluation and helps in the long term planning of future competencies along the Benner (1984) Novice to Expert continuum.

RCN endorsement of framework

The RCN, UK offers the opportunity for competency frameworks to be endorsement by the RCN governing body. From the outset of the project, it was the intention of the project team to map the process and outcomes of developing the resource to the endorsement standards required to achieve RCN accreditation. It was agreed by the team that achieving this would offer national credibility by an independent professional nursing body. Categories for endorsement include:

- is of direct relevance to nursing
- is concerned with services, practice, staffing levels and/or competences
- the process of development to gather and synthesise evidence and related existing work was rigorous
- The resource builds on existing work – does not duplicate.
- Nurses have been involved in the development of the standard
- The contribution / impact of nursing is clear and stated on the resource
- Other key stakeholder views and expertise are included

The project team were delighted that the RCN endorsed the framework in 2021.

Future Plans

The process of evaluation is an important step when developing any educational competency-based framework (Bastable, 2014). Understanding what has gone well and what needs to be changed from the perspective of the users is an important feature in the cycle of learning (Biggs and Tang, 2011). A questionnaire will be used to evaluate the implementation of the HFSN Clinical Competency Framework. A questionnaire will be mailed to all users 12 months

post implementation to gather intelligence on the usability, transferability and applicability of this framework in clinical practice.

Conclusion

This project was undertaken to address the need to provide a competency framework, which is fit for purpose and recognises the demands on HFSN in an ever-changing health service. We recognise that the demands for heart failure services is ever increasing which is why the development of a competency framework is so vital in ensuring the delivery of safe and quality care for patients, families and their carers. The competency framework recognises the complexities of this role and so provides a standardised and flexible route for HFSN to develop their confidence and competence within the boundaries of safe and accountable practice. We recognise this is only the first steps in a journey of constant evaluation and change and like the evolution of health care; the competency framework will need to evolve and change to keep pace with the ever-changing dynamics of heart failure care.

Key Points

- A competency framework provides a standardised way to approach the training and assessment of a HFSN
- The competency framework addresses the need to retain HFSN and to begin the conversation around career progression within this specialty
- Assessment of the HFSN is provided by multi professionals providing a fair and transparent way of assessment
- The framework recognizes experience and prior learning and therefore allows any HFSN at any level or grade to jump in where they feel they have gaps in knowledge

Reflective Questions

- What resources do you think you would need to successfully implement a clinical based competency framework?
- What practical measures do you think need to be in place when assessing an individual's level of clinical competence?
- Would there be an occasion where you felt a clinical based competency framework would not be appropriate and why?

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Tables and Figures

Table 1. From novice to expert	
Novice	• Beginner with no experience • Taught general rules to help perform tasks • E.g. 'Tell me what I need to do and I'll do it'
Advanced beginner	• Demonstrates acceptable performance • Has gained prior experience in actual situations to recognise recurring meaningful components • Principles, based on experiences, begin to be formulated to guide actions
Competent	• Typically 2–3 years experience on the job in the same area or in similar day-to-day situations • Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organisation
Proficient	• Perceives and understands situations in whole parts • Learns from experience and what to expect in certain situations • More holistic understanding
Expert	• No longer relies on principles, rules and guidelines • Greater background of experience • Intuitive grasp of clinical situations • Performance is highly proficient
Source: Benner, 1984	

Figure 1: Benner's Levels of Proficient-Novice to Expert (Benner, 1984)

Table 1: Example of Competency Framework for Assessment ‘Heart Failure Knowledge’

Heart Failure Knowledge

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign off
Demonstrates a clear understanding of the pathophysiology of heart failure	Proficient	N AB					
		C					
		P					
		E					
Understands the assessment and diagnostic tools used in the diagnosis of heart failure	Proficient	N					
		AB C					
		P					
		E					
Displays awareness of the importance of defining the aetiology of heart failure in the development of an individualised care plan. Refines patient care plan utilising specialist input as appropriate	Proficient	N					
		AB					
		C P					
		E					
Demonstrates knowledge of the evidence base that underpins the treatment of patients with heart failure across HFrEF, HFmrEF and HFpEF	Proficient	N					
		AB					
		C P					
		E					
Recognises the interaction of co-morbidities (such as diabetes) with heart failure and take into account when making a differential diagnosis: - how therapies used to treat co-morbidities impact cardiovascular health and vice versa - the role of co-morbidities in the development of heart failure - the impact of frailty	Proficient	N AB					
		C					
		P E					

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