



**Advanced
Competency
Standards for Sexual
and
Reproductive
Health Nurses**

April 2006

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Advanced Competency Standards for Sexual and Reproductive Health Nurses

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Introduction

Within contemporary nursing practice there has been a call from the broader nursing profession for advanced competency standards across all contexts of nursing. Many specialist nursing groups have responded to the need to develop competency standards within the workplace that reflects their specific practice areas. Competency standards are being universally adopted by professional nursing bodies as a central component of their specialist identity. This trend is also reflected internationally, with the development of competency standards in speciality nursing groups overseas.

The delivery of sexual and reproductive health services is an essential component of the health system in Australia. Prior to 1991, there was no professional organisation advocating on behalf of nurses working in the field of sexual and reproductive health. The call for a professional body reflecting the needs of these specialist nurses encouraged the establishment of *The Australasian Sexual Health Nurses Association* (ASHNA).

ASHNA has members in all States and Territories across Australia and New Zealand and fulfils the criteria to be recognised as a National Nursing Organisation (NNO). The NNO is a diverse range of speciality nursing organisations from around Australia.

The aims of ASHNA are to:

- promote sexual and reproductive health nursing as a professional speciality
- advance the standards and scope of sexual and reproductive health nursing practice
- facilitate the exchange of professional information
- ensure effective communication and networking in the speciality
- act as the representatives of the Australasian Sexual and Reproductive Health Nurses in discussions with government and non government bodies at the State, Territory and Federal level

As a speciality nursing group, ASHNA members are offered:

- a newsletter
- an education scholarship
- an Australasian Conference
- affiliation with other specialists nursing organisations
- professional development
- a Website
- a list server
- access to a local area sub branch

Nurses working in the specialty area of sexual and reproductive health are employed in a variety of health care settings. These settings include clinical practice, research, education and management, in public, private and non-government organisations, within hospital and community locations around Australia in metropolitan, rural and remote areas.

The Advanced Competency Standards for Sexual and Reproductive Health Nursing are intended to be complementary to the basic competency standards that registered nurses are required to meet. It is acknowledged that the standards reflect current practice and will evolve over time. They are meant to be used broadly and to build upon the Australian Nursing Federation (ANF) Competency Standards for the Advanced Nurse. These generic standards can be used to guide the advancement of clinical practice and skills development.

The Process of Developing Advanced Competency Standards in Sexual and Reproductive Health

A small, energetic working party initially met in 1998. The purpose of this group was to develop a set of competency standards for sexual and reproductive health nurses practising at an advanced level. Members of the working party represent the diverse areas of the speciality and comprise knowledge and experience in sexual health, family planning, women's health, corrections health, research and education. Some members of the group have remained from the outset, while others have changed over time.

From the beginning of the development process, it was important that the competency standards were translated into a working document that would be meaningful to the speciality and able to be utilised in a variety of health settings. It is hoped that completing the task of developing advanced competency standards will also increase the knowledge base of sexual and reproductive health nursing.

To provide a framework for the competency standards that reflected sexual and reproductive health nursing, the ASHNA members were asked to respond to a philosophy statement on the beliefs and scope of nursing practice in the speciality. Respondents came from diverse settings including community, clinical and outreach services in rural and metropolitan areas. These nurses worked in a variety of practice areas including women's and sexual health services, 'well' men's clinics and highlighted working with marginalised and 'at risk groups'.

Key terms underlying sexual and reproductive health nursing:

- adopting a social view of health
- empowering clients to make informed choices
- providing holistic health care
- emphasis on a combination of clinical and advocacy skills
- utilising a multidisciplinary approach
- provision of education to clients, community groups and other health care workers
- providing accessible, affordable and equitable health care

The nurses were also asked "what makes sexual and reproductive health nursing a unique speciality?" The responses included:

- the speciality has a unique knowledge base, based on a primary health care model that incorporates a social view of health taking into account all aspects of a person, so many aspects of health are involved, including socio-cultural values, age and gender

- the approach to client care is non-judgemental with a focus on informed decision making, increasing access to health services
- an acknowledgment that sexual and reproductive health nurses deal with intimate issues that requires a high level of confidentiality and trust

Since the beginning of the development process, the working party discussed the ANF Competency Standards for the Advanced Nurse in relation to their validity and transferability to sexual and reproductive health nursing. During this process, many of the working party members concluded that the ANF standards were transferable, however, further assistance was needed in adapting these standards to the speciality area.

Professor Margaret McMillan from Newcastle University (who had worked on the ANF standards) was approached and suggested enlisting Jane Conway from the same University. Jane was instrumental in assisting the working party to better understand a number of key factors regarding sexual and reproductive health nursing practice as it relates to the ANF standards. She encouraged the group to develop a unique set of standards specific to our speciality area while continuing to adapt the ANF standards. These efforts were incorporated into one document that resulted in a draft set of Advanced Competency Standards for Sexual and Reproductive Health Nurses. Over time, the working party continued to review the draft competency standards, challenge colleagues over specialist practice areas and reflect on the final outcome.

To begin the rigorous process of evaluation and feedback, the draft competency standards have been circulated to the ASHNA Executive Committee members, ASHNA membership, trialed in metropolitan, rural and remote sexual and reproductive/women's health clinics and circulated for comment to FPA Health nurses throughout NSW.

In February 2004, Working Party reconvened to review member evaluation feedback and changes were made to update the document and reflect current practice.

Competency Standards

The philosophy behind the development of competency based standards is that the specialty professional body develops and owns the standards, utilises them to underpin practice and inform the directions of professional development, and is responsible for the regular review of the competency standards.

A useful summary adapted from *Australian Nursing Federation (1997)* is:

- The Competency Standard is a brief *active* statement of ***what the nurse does***.
- Elements are also *active* statements, but are about ***how the nurse does*** what he/she does to demonstrate that particular competency.
- Performance Criteria are statements of *outcomes* of the ***nurses' behaviour*** and actions.

The National Nursing Organisations provide the following explanation of competency:

A competent professional can be defined as a person who has the attributes necessary for job performance to the appropriate standard. This definition focuses on three elements; attributes, performance and standards. Attributes such as knowledge, skills, attitudes and abilities, in combination, underlie competence. A competency is a combination of attributes underlying some aspect of successful professional performance. Competencies can be relatively specific (where, for example, they involve a single attribute) or relatively complex (where they involve combinations of attributes). Thus a competency- based standard is a level of achievement required for some area of professional practice. When such standards are specified for a selected range of areas the result is a set of competency- based standards for the profession.

(NNO Criteria, 1999)

Thus competencies are not simply the individual tasks of nursing practice, but rather they are a combination of attributes. Competencies are holistic concepts that encompass and accommodate the differences between practitioners, clients and contexts of practice. In this way, competencies are able to consider and incorporate the importance of the relationships between client, nurse and environment and provide more comprehensive and practical tools for assessment.

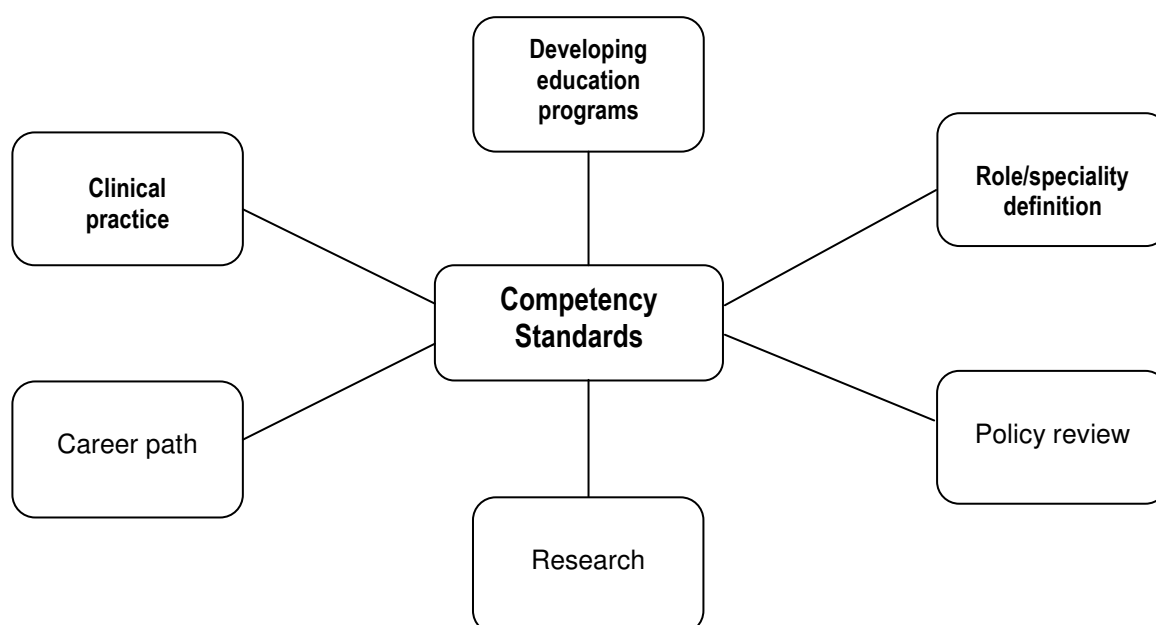
Use of Competency Standards

Demonstration of the achievement of the competency standards by an individual nurse can be seen as a tangible measure of the application of a nurse's knowledge, attitudes, skills and experience in the field of sexual and reproductive health. This measure can thus be transferable within the specialty.

Competency standards can also be used in a myriad of other applications, as outlined below:

- To provide standards of practice for the advanced sexual and reproductive health nurse
- As an industry benchmark for best practice in sexual and reproductive health nursing
- To inform and guide peer review and performance appraisal processes and documentation
- A document to provide direction in professional and career development
- To increase the profile and promote the professional credibility for sexual and reproductive health nurses
- To assist both the application for, and assessment of nurse practitioner status within the specialty
- Further to this, to be central to the process of credentialing
- To contribute to the development and revision of position descriptions, policies, procedures, and strategic planning
- To inform and reflect the development of specialist post graduate/registration education
- To provide a tool to assist and support reflective practice in both the beginning and the advanced practitioner
- As a document that can be consulted when reviewing policies and procedures, preparing research and evaluating projects

Figure 1: Application of competency standards



Assessment Using Competency Standards

Assessing practice using competency standards is a shift from assessing specific tasks in isolation. The assessment includes consideration of whether the practitioner is able to *consistently* apply the required knowledge, skills and attitudes in order to perform the requirements of the position. Thus, competency assessment necessarily includes reviewing organisation and prioritisation skills, appropriate flexibility and responsiveness to unplanned aspects and unfavourable outcomes of practice, functioning in a role within a work context and the ability to transfer knowledge, skills and attitudes to new and varied situations. Competency assessment also considers the expected performance relevant for the individuals' level of experience and position requirements.

Assessment may be formative, which is a cumulative process whereby competency is assessed progressively, and this assessment is used to inform and facilitate professional development and attainment of competency. Alternatively, assessment may be summative, which is provided at the conclusion of the session or course and provides a summary of competency. Both formative and summative forms of assessment are used in most practice-based training programs.

Competency-based learning and assessment uses the Performance Criteria as guides, and is focused on the individuals' outcomes and not a comparison to other trainees. Having the performance criteria as the measure of assessment clearly stated beforehand enables an equitable and fair assessment process. The assessment is a systematic process embracing all aspects of practice.

The Department of Employment, Education and Training outlines the distinguishing features of competency-based assessment as follows:

Thus the characteristic features of performance assessments are, first, that it is a *process*, not a test or any single measurement device. Second the data are collected by means of *systematic observation*. While the emphasis here on direct observational techniques, these can be supplemented by written tests and the like in cases where there is a need to collect data on underpinning knowledge. Third, the data gathering involves using a *variety* of instruments and strategies. Fourth, the data are *integrated* for the purpose of making some specific decision(s). Finally, the subject of the decision making is the *individual*, usually an employee or a learner.

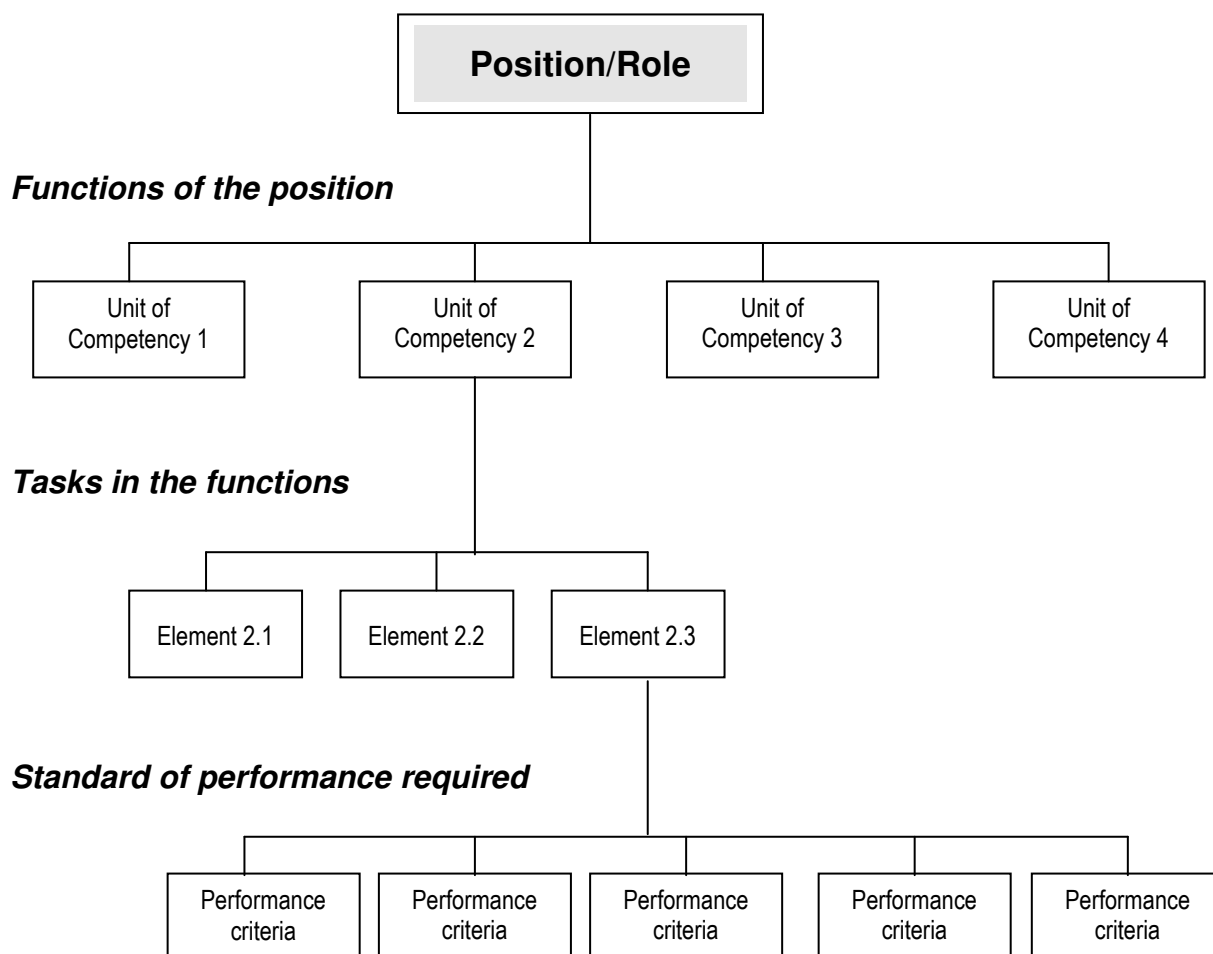
Hagar, P. et al. Department of Employment, Education and Training
(1994)

Competency based education, training and assessment therefore aims to provide individualised training and assessment in order to maximise the learning potential of the individual and ensure a just and fair process of assessment.

Examples of current use of these competency standards:

- Peer review at Melbourne Sexual Health Centre and FPA Health
- Component of evaluation in the FPA Health, Sexual and Reproductive Health Nursing Course
- Professional Websites, eg. Melbourne Sexual Health Centre at www.mshc.org.au.

Figure 2: Application of competency standards to nursing role and functions



Range of Variables

Including: equipment, rules, policies, other health professionals in team, conditions of employment, organisational issues, context, etc.

Evidence Guide (Optional)

Outlines critical aspects of the unit of competency, and may include use of checklists for some aspects.

Competency Standard 1

Manages clients' sexual and reproductive health care

Element 1.1

Demonstrates specialist body of knowledge and clinical expertise in the provision of client focussed nursing care

Performance Criteria

- assesses, plans, implements and evaluates evidence based nursing care
- provides client with skills and community resource information to enable them to manage their ongoing care eg. women's and men's sexual and reproductive health.
- demonstrates the ability to adapt nursing care relevant to the cultural, environmental, emotional and social needs of the client, eg. engages use of professional health care interpreters, awareness of cultural, religious and sexuality diversity
- uses multiple approaches to decision making to ensure effective practice
- collaborates with other health care workers in the provision of client care
- engages in quality management activities
- demonstrates professional standards reflective of institutions code of conduct
- demonstrates awareness of organisational policies and guidelines relating to clinical practice

Developing competence

Competence

Comments

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Competency Standard 2

Engages in legal and ethical nursing practice

Element 2.1

Demonstrates specialist knowledge and understanding of legal and ethical principles in the provision of nursing care

Performance Criteria

- participates proactively and advocates to inform government and communities on legal and ethical issues
- demonstrates legal and ethical standards in the provision of nursing care
- participates in activities to ensure standards of care are maintained eg. appraisals, peer review, file audits and other quality improvement activities
- informs management of deficits and participates in the development and review of policies and procedures
- demonstrates awareness of state or territory legislation relevant to clinical nursing practice
- applies knowledge of current legislation interfacing with practice, eg. child protection and notifiable communicable diseases
- advises the client, the organisation policy regarding the maintenance of confidentiality, eg. medical records

Developing competence

Competence

Comments

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Competency Standard 3

Empowers the client and the community through health promotion and education activities

Element 3.1

Provides education and health promotion activities in a client and community centred framework

Performance Criteria

- assesses, plans, develops, implements and evaluates client-centred health promotion activities
- uses public health principles to implement health promotion activities
- adopts the principles of primary health care and or population health for community based activities

Performance Criteria

- participates collaboratively in education and health promotion activities

Developing competence

Competence

Comments

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Competency Standard 4

Acts to enhance the continual development of individual practice and that of the speciality

Element 4.1

Engages in critical review/enhancement of individual practice and that of the speciality

Performance Criteria

- engages in reflective practice
- engages in peer review/supervision
- participates in professional development and clinical leadership activities, eg. participates in development of workplace policy
- develops and maintains a professional portfolio
- participates in quality improvement activities
- promotes a supportive collegial environment, eg. Nursing networking
- responds to issues identified through performance review activities eg. reflective practice, peer review, supervision of case studies
- evaluates actions implemented through performance review activities

Element 4.2

Contributes to the enhancement and clinical leadership of the speciality

Performance Criteria

- participates in the activities of professional organisations
- responds to current social, political and legal issues, eg. client advocacy
- increases the profile of sexual and reproductive health nursing, eg. Conference presentations and journal articles
- collaborates and networks with other health professionals/service providers and organisations
- participates in quality improvement activities, eg. Research
- acts as a mentor

Developing competence

Competence

Comments

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Competency Standard 5

Advancing the specialist body of knowledge in Sexual & Reproductive Health Nursing

Element 5.1

Engages in research activities to advance Sexual and Reproductive Health Nursing

Performance Criteria

- demonstrates information searching skills
- participates in the review of evidence based practice
- participates in the implementation of changes to clinical practice based on the outcomes of the evidence, eg. development of clinical guidelines
- participates in the evaluation of changes to clinical practice
- awareness of sources of research funding
- participates in the development of collaborative nursing/multidisciplinary research projects
- participates in nursing/multi disciplinary research projects
- disseminates the outcomes of research findings, eg. Journal club

Element 5.2

Participates in the evaluation of competency standards for Sexual & Reproductive Health Nursing practice

Performance Criteria

- accesses competency standards to inform practice, professional development and as an educational resource
- participates in evaluation of competency standards for Sexual & Reproductive Health Nursing
- accesses competency standards to develop speciality clinical skills assessment tools

Developing competence

Competence

Comments

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Appendices

a. Glossary

<i>Accountability</i>	Is the requirement to give an explanation of funds spent and the extent to which goals and outcomes have been achieved (Quality Improvement Council Ltd, <i>Community & Primary Health Services Module: Australian Health and Community Services Standards</i> , 1999)
<i>Advanced Registered Nurse</i>	Within the practice of the advanced registered nurse both core and advanced nursing behaviours are evident ie. uses multiple approaches to decision making, engages in collaborative practices to achieve client outcomes (McMillan. M. 1997, cited in National Nursing Organisations <i>Glossary of Terms</i> , August 1998)
<i>Advocacy for Health</i>	A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program (World Health Organization <i>Health Promotion Glossary</i> , 1998)
<i>Appropriate</i>	Matching the circumstances, meeting the individual, groups or situation (<i>ANCI, 2000</i>)
<i>Assessment</i>	Assessment of performance against Competency Standards (National Nursing Organisations <i>Glossary of Terms</i> , August 1998)
<i>Attributes</i>	The knowledge, skills and attitudes that together underlie competent professional performance (NNO <i>Glossary of Terms</i> , August 1998)
<i>Australasian Sexual Health Nurses Association (ASHNA)</i>	A National Nursing Organisation that encompasses the speciality area of Sexual and Reproductive Health Nursing
<i>Competence</i>	A construct referring to all of the characteristics that together enable competent performance (ANF, <i>Competency Standards for the Advanced Nurse</i> , 1997)
<i>Competence</i>	The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area (<i>ANCI, 2000</i>)
<i>Competency</i>	The ability to perform the activities within an occupation or function to the standard expected in employment (NNO <i>Glossary of Terms</i> , August 1998)
<i>Competency Standards</i>	A combination of units of competency, elements of competency and performance criteria (NNO <i>Glossary of Terms</i> , August 1998)
<i>Competency Unit</i>	Represents a major function/functional area in the total competencies of a Registered Nurse in a nursing context representing a stand-alone function which can be performed by the individual (<i>ANCI, 2000</i>)
<i>Community</i>	A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time (WHO <i>Health Promotion Glossary</i> , 1998)

<i>Community Health</i>	Services which deliver a range of community based prevention, early intervention, assessment, treatment and rehabilitation services designed to improve or maintain the health of the community (NSW Health Strengthening Community Health: A Framework for the Future, 1998)
<i>Context</i>	The setting/environment where competence can be demonstrated or applied
<i>Core Competency Standards</i>	Essential competency standards for registration or licensure (<i>ANCI, 2000</i>)
<i>Credentialling</i>	The process by which an individual nurse is designated as having met established professional practice standards, at a specified time, by an agent or body generally recognised as qualified to do so (Adapted from Canadian Nurses Association 1984 <i>The Regulation of Nursing</i> cited in <i>NNO Glossary of Terms</i> , August 1998)
<i>Evidence-based nursing practice</i>	Nursing practice that has resulted from or is based on research findings (adapted from Family Planning South Australia Competency Standards for Registered Nurses in Sexual & Reproductive Health Care. June 1996)
<i>Evidence-based practice</i>	Practice based on the systematic review of scientific evidence. If this is not available then it is preferable that practice is based on a consensus of expert opinion (Quality Improvement Council Ltd, 1999)
<i>Empowerment</i>	Empowerment is a process through which people gain greater control over decisions and actions affecting their health (adapted from WHO <i>Health Promotion Glossary</i> , 1998)
<i>Element of Competency</i>	A subdivision of a unit of competency that is observable in the workplace (<i>NNO Glossary of Terms</i> , August 1998)
<i>Ethics</i>	An acknowledged set of principles that guide professional and moral conduct (Quality Improvement Council Ltd, 1999)
<i>Health</i>	The World Health Organisation's definition of health is a "complete state of physical, mental and social wellbeing". Health is seen as a resource for everyday life, to that people can identify and realise aspirations, satisfy needs, and change or cope with the environment (Quality Improvement Council Ltd, 1999)
<i>Health Education</i>	Is a strategy of health promotion that provides learning experiences which encourage voluntary modifications of behaviour that are conducive to health (adapted from O'Connor M. & Parker E. <i>Health Promotion Principles and practice in the Australian context</i> , 1995)
<i>Health Equity</i>	Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being (Harris E, Sainsbury P and Nutbeam D, Ed: <i>Perspectives on Health Inequity</i> , 1999)
<i>Health Promotion</i>	The process of encouraging and enabling individuals and communities to increase their control over the determinants of health and thereby improve their health. Health promotion represents a mediating strategy between people and their environments, combining personal choice and social responsibility for health to create a healthier future (WHO 1986 cited in O'Connor M. & Parker E. <i>Health Promotion Principles and practice in the Australian context</i> , 1995)

<i>Jakarta Declaration</i>	<p>The Jakarta Declaration builds on the Ottawa Charter and identifies 5 priorities for the 21st century. Promote <i>social responsibility for health</i>, increase <i>investments for health development</i>, expand <i>partnerships for health promotion</i>, increase community capacity and empower the individual, secure an <i>infrastructure for health promotion</i>. (WHO, The Jakarta Declaration on Leading Health Promotion into the 21st century, 1997)</p>
<i>Mentoring</i>	<p>A deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed upon goal of having the less experienced person grow and develop specific competencies. (M Murray & Owen, <i>Beyond the Myths of Mentoring: How to Facilitate an Effective Mentoring Program</i>, 1991)</p>
<i>Ottawa Charter for Health Promotion</i>	<p>Emphasises the role of healthy public policy, the social and physical aspects of the health environment, community education in health advocacy and action, and the development of individual skills in health advocacy (O'Connor and Parker, <i>Health Promotion Principles and Practice in the Australian Context</i>, 1995)</p>
<i>Performance Criteria</i>	<p>Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development (Note: Sometimes called Cues)</p>
<i>Policy</i>	<p>A framework of principles that guides an activity (Community and Primary Health Care Services, 1999)</p>
<i>Prevention</i>	<p>Is about recognising and dealing with potential problems before they cause injury or illness to the client (Community and Primary Health Care Services, 1999)</p>
<i>Primary Health Care</i>	<p>Primary health care is a broad policy model for health planning. It is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable. The primary health care approach encompasses the following key components: equity, community participation and supports intersectoral approaches (adapted from WHO <i>Health Promotion Glossary</i>, 1998)</p>
<i>Performance Criteria</i>	<p>An integrated list of the aspects of professional performance that would be regarded as evidence of competent professional performance in the workplace. The performance criteria reflect the element of competency. (adapted from NNO <i>Glossary of Terms</i>, August 1998)</p>
<i>Peer review</i>	<p>Peer review is a facilitated professional development strategy of assessment against competency standards, provision of feedback, sharing learning and knowledge, identifying strategies for goals attainment, developing an action plan and promoting collegial support.</p>
<i>Public Health</i>	<p>The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society. It is a social and political concept aimed at improving health of whole populations through health promotion, disease prevention and other forms of health intervention (adapted from WHO <i>Health Promotion Glossary</i>, 1998)</p>

<i>Quality Management</i>	<p>Incorporates customer focus, a holistic approach – all parts of the organisation involved. Empowering staff through training and teamwork, with an emphasis on planning and review. Attention to process and to continuous improvement (adapted from <i>Manual of Standards for Women's Health Centres</i>, 1993)</p>
<i>Reflective practice</i>	<p>Is a cycle of action that follows the route: Experience/Practice – Reflection – Theorising – Application in practice – and so on. It is a mechanism for constant improvement of practice and, in the nursing context, leads the nurse quickly into the habit of forming judgements, which is one characteristic of advanced practice in nursing (McMillan et al, <i>The Development of Competency Standards for the Advanced Nurse Clinician</i>)</p>
<i>Role model</i>	<p>Provides nurses with a useful image of practical ways in which abstract values can be translated into action in everyday practice (Adapted from Watts, N. <i>Handbook of Clinical Teaching</i>, 1990)</p>
<i>Social justice</i>	<p>The concept of “social justice” is built on several principles. These include equity, rights, access and participation. (Quality Improvement Council Ltd, 1999)</p>
<i>Social view of health</i>	<p>Recognises:</p> <ul style="list-style-type: none">• the links between social experiences, position within society and health status, environmental, economic and biological factors;• differences in health status and health outcomes are linked to gender, age, socioeconomic status, ethnicity, disability, location and environment;• health promotion, disease prevention, equity of access to appropriate and affordable services and strengthening the primary health care system are necessary, along with high quality illness services;• information, consultation and community development are important elements of the health process <p>(NSW Public Health Bulletin, Vol 10, No.11, Nov 1999)</p>
<i>Values</i>	<p>Principles and beliefs that guide a service and may involve social or ethical issues (Community and Primary Health Care Services, 1999)</p>

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