



Original citation: Bray, Jennifer and Carter, Christine (2019) *Competency and critical reflection*. *Journal of Dementia Care*, 27 (6). pp. 33-34. ISSN Print: 1351-8372

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Reflecting and Articulating Competency: Using critical reflection as a process for developing a meaningful Competency Framework for Admiral Nurses

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[Main text]

As dementia care specialists Admiral Nurses work predominantly with family carers but also people with dementia themselves, often in complex situations on a long-term basis with no fixed discharge time. They work independently, requiring a very broad range of clinical, practical and psychological skills as well as a high level of emotional intelligence and resilience.

Dementia UK, the charity that supports Admiral Nurses, recognised the need for a competency framework to establish a common set of standards. The nature of such competency frameworks and applying those competences in practice are high on the nursing agenda generally but defining the content of frameworks remains problematic.

The Nursing and Midwifery Council (NMC) defines competence as the consideration of a nurse's competence as a whole, combining "skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions" (NMC 2010, p11).

For Admiral Nurses, Dementia UK wanted a framework that could be used as a basis for collecting supporting evidence to demonstrate practice. Previous iterations of their competency framework have seen limited engagement from Admiral Nurses, having been considered too academic and cumbersome. A refreshed version was commissioned from the Association for Dementia Studies with the joint aims of creating a stronger link with practice and reflecting the complex nature of the Admiral Nurse role.

We wanted to develop a framework that reflected the NMC's requirements for revalidation, under which nurses must demonstrate that they practise safely and effectively to maintain their registration, and external pressures from the government, Health Education England and the Care Quality Commission for competences to extend across a broad range of health and social care settings. Closer to home there were internal pressures from Dementia UK and Admiral Nurse employers, each having their own set of priorities.

Our refresh process had several phases, obtaining and combining information from a variety of sources, each phase building on the knowledge gained to shape the questions to be asked in the following phase. Admiral Nurses were involved throughout to identify what they needed from their competency framework and give them a stronger sense of connection to and ownership of the final product.

We started with a literature review to establish a baseline of information about competency frameworks in general. The Admiral Nurses were then invited to share their views on their existing competency framework by completing an online survey and participating in telephone interviews and focus groups.

When we tried to bring together the knowledge and evidence we had gained from the refresh process into a single, coherent document, the internal and external processes we had noted posed a challenge. Part of the challenge was practical, in terms of achieving a balance between simplicity and complexity.

On one hand, we wanted to keep it simple and make sure that the refresh resulted in a practical framework that Admiral Nurses would actually use. For them to embrace it and embed it in their practice, it was important that the evidence collection process should complement rather than add to their existing workload.

At the same time, it needed to reflect different levels of complexity and meet the needs of Admiral Nurses working in various settings. It had to be flexible without being so generic that it was not actually applicable to anyone. And it had to support both NMC revalidation and the appraisal processes of Admiral Nurse employers to avoid duplication of effort around evidence collection.

The refreshed Admiral Nurse Competency Framework contained six competencies – each with three levels of attainment – which were based

on content from the original framework but streamlined and refined to reflect current practice (see figure).



[CAP] Admiral Nurse competencies in refreshed framework

Competency 6 – “critical reflective practice” - is crucial in underpinning the other five competencies and facilitating engagement with the framework through critical conversations and discussions of supporting evidence collected by the Admiral Nurses. To achieve this all-important aim of critical reflective practice, a roll-out phase was designed.

During the roll-out we worked with each group of Admiral Nurses at one of the monthly practice development days they attend as part of the support from Dementia UK. We stressed the value of engaging with the framework and laid on practical activities to promote critical reflection skills.

Exploring critical reflection

Our key activity was an art exercise as it was a neutral, non-threatening method of enabling Admiral Nurses to experience the process of critical reflection in a practical way rather than following a theoretical model. The exercise assumed no prior knowledge of art, the intention being that everyone should be able to approach the activity from a similar starting point.

The nurses worked in pairs during the exercise, one nurse in each being given a print of a painting and asked to explore what they thought the artist was trying to say or what the story of the painting was. Their partner's role was to encourage, prompt and challenge them, asking them to expand on their thoughts, justify their ideas and reasoning, and unpick the narrative being proposed.

Roles were then reversed with a new painting provided for discussion. After the nurses had taken on both roles, a facilitated group discussion encouraged reflection on the experience, exploring how they felt during it and the reasons behind these feelings.

To make the exercise more personal and start to link it to evidence collection, the nurses were then asked to consider if the experience would have been different if they had painted the picture themselves. There was a general consensus that the exercise would have been more emotive, participants saying that they would have felt more defensive and more likely to take comments to heart. They said they would have been "offended" and found it "deflating" if their partner had not liked the painting.

Conversely, in the role of the person listening and encouraging them, the Admiral Nurses felt they would have been "more cautious" and "tentative about challenging" the artist. From taking part in the art exercise the nurses acquired a better understanding of different ways to challenge someone and explore ideas in a safe, comfortable and positive way while valuing and respecting each other's opinions.

To help them appreciate the purpose of the art exercise, it was expanded to relate it to evidence collection for the competency framework. Critical reflection skills developed for discussing art correspond to those necessary for discussing a piece of evidence from practice and reaching a consensus about which competencies and levels of attainment it applies to. Through learning about constructive

feedback and by being prompted to think more deeply, the nurses also better understood what additional evidence they would need to progress to the next level of attainment.

Concluding thoughts

The art exercise appeared to promote a more in-depth reflective process, providing a safe and neutral environment where Admiral Nurses could consider their own and each other's practice and competence. Comments from the sessions indicated that they valued working with a peer who could encourage them to rethink how they viewed their own practice.

While measuring engagement with the refreshed Admiral Nurse Competency Framework was beyond the remit of this project, it appears that time for peer support is now routinely scheduled for practice development days, when possible, so that nurses can share evidence and discuss how it meets the competencies.

Our version of the art exercise was inspired by similar work around critical reflection that has previously been undertaken in arts-related contexts. It shows that art exercises can be useful beyond the realm of the arts themselves, including contexts in which such exercises would not appear to be an obvious choice. Indeed, they would be transferable into health and social care more widely, not just nursing, as they are not tied to a specific topic and do not require particular knowledge.

We believe art exercises should be considered as an option wherever there is a call for peer support and critical reflection. They can improve cohesive working among newly formed staff teams and can operate at multiple levels, whether as an ice-breaker, a means of exploring feelings or as a way of engaging in critical reflection in greater depth. Given their flexibility and neutrality, their potential is well worth investigation.

Acknowledgements

We would like to acknowledge Kate Read, Association for Dementia Studies (ADS), University of Worcester, for her work on the development and roll-out of the refreshed Admiral Nurse Competency Framework. We would also like to thank Dementia UK, which commissioned the ADS to carry out the refresh.

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