

Comparison of Tuning Competencies to U.S. National Accepted Competencies

How Tuning might benefit higher education in the U.S.

We in the United States might learn a great deal from the Tuning process. It has already been imitated in Latin America, North Africa, and Australia. Clifford Adelman, Senior Associate at the Institution of Higher Education Policy¹, has written an essay on the Tuning, and he urges Americans to “listen up” to what the Europeans have to say about higher education. In his essay, he states that in the process the Europeans have made considerable inroads and have learned about some of our most challenging questions in higher education, such as:

Student learning outcomes (“qualification frameworks”)
The relationship of these frameworks to credits and curriculum reform
The construction of new paths to student participation in higher education
The description of this in a documentation of student attainment called “Diploma Supplements²”

Adelman says we can gain a lot from this work, especially in making our educational system more accountable and learning-centered. Below are some of Adelman’s recommendations:

Develop detailed “qualification frameworks;” that is, develop benchmarking and concrete competencies. Indeed, the author says that students themselves often don’t know the meaning of the learning or the credential they received.

• Develop a distinctive version of a diploma supplement that summarizes individual student achievement.

Nursing was the first health regulated group and practical discipline to be included in Tuning. In Europe during the past decades the nursing profession has moved from vocational training to higher education models, though this isn’t the case in all countries. Therefore, it was challenging to ‘tune’ higher education reference points for nursing when compared to other graduate disciplines.

Tuning nursing competencies compared to U.S. competencies

¹ Adelman, C. (2008). “The Bologna club: What the U.S. higher education can learn from a decade of European reconstruction. Institute of Higher Education Policy”.

² This document is a European initiative that aims to describe a higher education credential in an easily understandable way and relate it to the higher education system within which it was issued.

³ Nursing Dissemination Brochure, December 2007.

While the competencies are categorized differently, the Tuning competencies are closely mirrored to the national U.S. competencies. Below are some of the descriptors from each set of competencies, showing how the competencies converge. In all of the competencies reviewed there was overlap among the competencies described, so some of that overlap can be seen below.

Tuning Competency 1: Professional Values and the Role of the Nurse

This competency includes the following: professional, ethical, regulatory and legal codes; using non-judgmental, caring attitude; promoting support and comfort; within practice scope; challenge current systems; using evaluation to improve performance.

United States Comparisons

AACN⁴

Professionalism is integrated throughout their competencies, and this is intentional as they don't see "Professional" as separate. "Ethical and legal" and examining roles are addressed in Patient-Centered Care. Scopes of team members is discussed in Teamwork and Collaboration. Professionalism does seem to be adequately integrated.

Tuning Competency 2: Nursing Practice and Clinical Decision Making

This competency includes assessment with focus on environmental, physical, social, psychological, spiritual, and cultural factors; risk management; interpret changes in status; care planning; synthesize data; make sound judgments; use modern technology, including telenursing,

Professional behaviors: Advocacy. Communication: Report and document assessments; utilize information technology. *Assessment:* This is a competency by itself, comprehensively identifying developmental, physical, psychosocial, cultural, spiritual assessments; assessing for changes in condition. *Clinical decision-making* identifies clinical judgments; utilizing data to make decisions; Evaluating condition; quality control and improvement; use of technology to make decisions. *Caring interventions:* competence with providing care; providing safe care; promote client dignity; consider values, customs and culture. *Teaching and Learning:* Providing family, patient, and assistive personal with education and evaluating and modifying plans accordingly. *Managing care:* using available resources and technologies.

QSEN Competencies

Patient-centered care: Integrate understanding and multiple dimensions of patient-centered care, including physical and emotional comfort; consider patient/family/community preferences; information, communication and education; consider diverse cultural, ethnic and social backgrounds; *Teamwork and collaboration:* relating teamwork and authority to patient safety; assist patients and families to meet health goals. *Evidence-based practice:* Demonstrate knowledge of basic scientific processes; describe reliable sources for making decisions; role of evidence in clinical practice; clinical practice guidelines. *Quality improvement:* Describe processes for changing processes of care; systems of care. *Safety:* Examining human factors in safety; understanding safety-enhancing technologies and processes; understanding root cause analysis; understand patient safety initiatives and regulations. *Informatics:* Understand and use the technology skills essential for safe care, including computers, databases, and other technologies.

Tuning Competency 3: Knowledge and Cognitive Competences

This competency addresses theories of practice; the uncertainty of practice; natural and life sciences; social, health and behavior sciences; ethical theory, law and humanities; technology and health care informatics; international and national policies; theories related to personal and professional development; research process.

AACN Essentials

Essential I: A liberal education for baccalaureate generalist nursing practice includes integration from liberal education to nursing practice; synthesizing concepts and theories; skills of inquiry and analysis; communication theories; social and cultural theories; ethical reasoning, social justice; incorporating knowledge from a variety of disciplines; tolerance of ambiguity; lifelong learning. Other specific ones: *Essential II:* organizational and systems theory; design of safe systems; understanding of principles of quality improvement; knowledge of safety principles. *Essential III:* knowledge or scientific method and ethical considerations of research. *Essential IV:* knowledge of telecommunications; informatics, and patient-care technologies;

maintenance: theories of aging and growth and development; family theory; principles of teaching and learning; primary care and health promotion. *Psychosocial integrity*: therapeutic communication theories; mental health concepts; social-cultural theories. *Basic care and comfort*: physical sciences. *Pharmacological and parenteral therapies*: science of pharmacology and therapeutics; *Reduction of risk analysis*: science of risk management; systems theory. *Physiological adaptation*: natural sciences.

NLN Associate Degree Competencies

Professional behaviors: ethical theory; law; social, economic and political theories; knowledge of regulations; professional development. *Communication*: theories of communication. *Assessment*: developmental theory; understanding of natural sciences and psychosocial sciences; *Clinical decision-making*: scientific method and research process. *Caring interventions*: risk management theory; physical sciences; psychosocial sciences. *Teaching and learning*: principles of teaching and learning. *Collaboration*: interprofessional communication. *Managing care*: knowledge of informatics and technology; management theory; economic theories for health care.

QSEN

Patient-centered care: community and family theory; communication and interprofessional communication theory; understanding of natural, psychosocial and cultural theories; knowledge of economic theories applied to health care; political, ethical, and legal theories; theories of nursing and nursing practice. *Teamwork and collaboration*: theories of management; systems theory; conflict resolution theory. *Evidence-based practice*: knowledge of scientific process and evidence-based practice. *Quality improvement*: Knowledge of measurement theories related to assessing quality care; change theory. *Safety*: principles and theories of safe design and safety technologies; risk management theory; knowledge of national policies and regulations. *Informatics*: knowledge of information systems; knowledge of systems management of care; understanding of computers, databases and related technologies as tools for care.

Tuning Competency 4: Communication and Interpersonal Competences

Communicates effectively with patients and families and allows them to express their concerns openly; advocates for patients and prevents abuse; uses counseling skills effectively; identifies and manages challenging behaviors; recognizes stress, tension and depression; provides emotional support; knows when other interventions are needed; health promotion and education activities; reports accurately, including technology.

AACN Essentials

Essential I: information technology; effective communication, including non-verbal, written, and verbal; advocacy and social justice. *Essential IV*: use information systems and communication devices; telecommunication technologies; clinical information systems to document interventions; data security. *Essential VI*: interprofessional communication and collaboration skills. *Essential V*: advocate for consumers and the nursing profession. *Essential VII*: use behavioral change techniques; health counseling; information and communication technologies in preventive care; provide spiritually and culturally appropriate health promotion and prevention interventions. *Essential VIII*. communicate personal bias. *Essential IX*. communicate effectively with the health team, patient and patient network.

communication and collaborative skills; negotiation; demonstrate teambuilding; advocate for safe and quality patient care as a member of the health team. *Essential VII*: collaborate with health care professionals to provide health promotion and injury prevention; clinical prevention with attention to effectiveness and cost effectiveness; use evaluation results to influence the deployment of resources and to promote health and prevent disease. *Essential IX*: Provide nursing care based on the evidence that contributes to safe and high quality patient outcomes; create a safe environment; manage care to maximize health;

NCLEX® Activity Statements

Management of care: case management; delegation; supervision; client rights; resource management; performance improvement (quality improvement); establishing priorities. *Safety and infection control*: error prevention; home safety; handling hazardous and infectious materials; safe use of equipment; medical and surgical asepsis; reporting of incidents; use of safety devices. *Health promotion and maintenance*: principles of teaching/learning. *Psychosocial development*: therapeutic communications; abuse/neglect. *Basic care and comfort*: assistive devices. *Pharmacological and parenteral therapies*: adverse effects/contraindications and side effects; expected effects/outcomes. *Reduction of risk potential*: monitoring conscious sedation; potential for complications; system specific assessments. *Physiological adaptation*: unexpected response to therapies.

NLN Associate Degree Competencies

Professional behaviors: advocate for client rights; report unsafe practices of health care providers; demonstrate accountability for nursing care given by self and/or that delegated to others; recognize the economic forces on the delivery of health care. *Communication*: communicate relevant, accurate and complete information in a clear and concise way; report and document assessments, interventions and outcomes. *Assessment*: assess response to interventions; assess ability to access available community resources; assess environmental factors; assess strengths, resources and needs of clients within context of their community. *Clinical decision making*: participate in quality control or improvement processes. *Caring interventions*: provide a safe physical and psychosocial environment for the client. *Teaching and learning*: provide assistive personnel with relevant instruction and support. *Collaboration*: coordinate decision making with the health care team; work cooperatively. *Managing care*: delegate and supervise; implement nursing strategies to provide cost efficient care.

QSEN

Patient-centered care: coordination and integration of care; information, communication and education; examine how the safety, quality and cost-effectiveness of health care can be improved with involvement of patients and families; provide access to resources. *Teamwork and collaboration*: integrate the contributions of others who play a role in helping patient/family achieve health goals; assume role of team member or leader based on situation; communicate with team members to meet team needs; follow communication practices that minimize risks associated with handoffs; examine strategies to improve systems to support team functioning. *Evidence-based practice*: consult with experts before deciding to deviate from evidence-based protocols. *Quality improvement*: seek information about quality improvement projects in the care setting; recognize that nursing and other professions students are a part of the process and affect outcomes; participate in root cause analysis; use quality measures to understand performance; approaches for changing processes of care. *Safety*: examine human factors and other basic safety design principles; demonstrate effective use of strategies to reduce risk; describe a culture of

safety; use organizational error reporting systems; participate in analyzing error, including root cause analysis. *Informatics*: apply technology and information management and tools to support safe processes of care; employ communication technologies to coordinate care for patients.

Summary

The Tuning nursing competencies have been developed by consensus as the European competences for newly graduated nurses. The U.S. does not have a similar set of competences, so national documents were identified as comparisons to the Tuning competencies. The ADN competencies and the QSEN competencies were developed specifically as national competencies; the former for associate degree nurses and the latter for associate degree, diploma, and baccalaureate nurses. However, the AACN Essentials, only meant for baccalaureate educated nurses, serve “to transform baccalaureate nursing education by providing the curricular elements and framework for building the baccalaureate nursing curriculum for the 21st century.”⁸ Likewise the NCLEX[®] activity statements were not developed as competencies. These statements were derived from NCSBN’s practice analyses and are major client needs categories for the U.S. entry to practice licensure exam.

The review of the competencies shows that there is little difference between the European competencies and the U.S. competencies. The U.S. competencies stress quality improvement, evidence-based practice, and interprofessional collaboration more than the Tuning competencies, most likely because of the 2003 IOM report on health care education in the U.S. The Tuning competencies, however, do address those areas, though with less emphasis. Likewise, disaster preparedness, and related competencies, are given more emphasis in the U.S. competencies; this is not directly addressed in the Tuning competencies, though indirectly it is. The AACN Essentials and the Tuning competencies delineate coursework that is foundational to nursing science, though the QSEN, ADN competencies, and NCLEX[®] activity statements do not. Generally each of the documents reviewed either directly or indirectly addresses similar competencies.

⁸ AACN’s “The Essentials of Baccalaureate Education for Professional Nursing Practice, October 20, 2008, p. 3. retrieved from: www.aacn.nche.edu.