



EVIDENCE CENTRE CRITICAL APPRAISAL

Detail the utilization of competencies/accreditation in the nursing profession.

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SUMMARY STATEMENT:

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REQUEST:

What is the evidence – positive/negative for the utilization of competencies/accreditation in the work place?

REQUESTED BY:

Mr. Andrew Driver, Associate Charge Nurse, Intensive Care Unit, Monash Medical Centre

METHODOLOGY

Search Strategy

The Centre for Clinical Effectiveness defines the 'best available evidence' as that research we can identify that is least susceptible to bias. We determine this according to pre-defined NHMRC criteria (see Appendix).

First we search for systematic reviews, evidence-based clinical practice guidelines or health technology assessments, and randomised controlled trials. If we identify sound, relevant, material of this type the search stops. Otherwise, our search strategy broadens to include studies that are more prone to bias, less generalisable, or have other methodological difficulties. We include case-control and longitudinal cohort studies in our critical appraisal reports. While we cite observational and case series studies, and narrative reviews and consensus statements, in our reports we do not critically appraise them. Such studies can produce accurate results but they are generally too prone to bias to allow determination of their validity beyond their immediate setting.

Details Of Evidence Request

Search terms

Request terms: competence; clinical competence; competency; accreditation; credentialling; credentialing.

Professional terms: nurse; critical care nurse.

Environmental terms: ward, critical care unit; ICU; CCU; intensive care unit

Resources Searched

Cochrane Library CD-ROM

OVID Medline

CINAHL

National Library of Medicine (Pub Med)

Best Evidence

OVID Nursing Collections

Refinements, Searching & Reporting Constraints

We have included only a small number of English language articles published since 1992. Our electronic searching was performed week commencing 22nd October 1999.

RESULTS:

In light of the enormous body of Level 4 literature the Centre for Clinical Effectiveness found it difficult to appraise the question due to the:

- a) Eclectic array of definitions surrounding the term competence
- b) Confusion surrounding the degree of objectivity in the tools utilised to judge it
- c) Varying degrees of accountability when assessing clinical competence
- d) Utilization of competencies in a wide variety of clinical settings
- e) Awkward marriage of the terms – competence, accreditation, and credentialling
- f) Strong emphasis on American terms such as certification
- g) Variations in policy statements from the ANA and the UKCC
- h) Sparse Australian data on the topic

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Levels Of Evidence

As Defined By "A Guide To The Development, Implementation And Evaluation Of Clinical Practice Guidelines" (National Health & Medical Research Council, Canberra, 1998):

Level I

Evidence obtained from a systematic review or meta-analysis of all relevant randomised controlled trials.

Level II

Evidence obtained from at least one properly designed randomised controlled trials.

Level III

1) Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method).

2) Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case control studies or interrupted time series with a control group.

3) Evidence obtained from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group.

Level IV

Evidence obtained from case series (either post-test or pre-test and post-test), opinions of respected authorities (narrative reviews), descriptive studies, reports of expert (i.e. consensus) committees, case studies.