People want to do a good job. Successful preceptorships support them in achieving that objective by clearly defining measures and outcomes based on the purpose and vision of the organization. In this white paper, we will discuss and define the competencies developed in preceptorships, explore the goals and essential elements of competency assessment and verification, and take a close look at the categories of competencies and methods for assessing and verifying them within the context of the preceptorship relationship.

**Competencies Developed in Preceptorships**

The preceptor’s role is critical to helping new staff improve their knowledge, skills, and abilities. On a personal level, preceptors are employees talking about challenges they have met, sharing insights they have gained, and passing on lessons they have learned by working in the many arenas of need they encounter each day. They facilitate the orientation, growth, and development of employees who will one day work side by side with them, becoming their peers, colleagues, and even tomorrow’s leaders. Preceptors connect with preceptees (i.e., students, new employees, and those transitioning into new roles) in ways that no one else can. They build trust and responsibility as they gently draw preceptees into the “real world” of service and quality improvement.

Preceptors help preceptees develop their work-specific competencies. Competency assessment and verification processes usually begin during the work-specific phase of new employee orientation (NEO) and continue through the preceptorship and beyond. Preceptors evaluate progress and provide feedback to help preceptees develop their knowledge, skills, and professionalism while entering their new roles and responsibilities through the critical developmental transition phases of onboarding and entry into service.

**Defining Competencies**

Although each organization writes its own definition of “competency,” the definition requires measurement in real-world situations, and verification methods should reflect real-world situations (Wright 2005). For example, The Joint Commission defines competency very broadly and generally, giving individual organizations the freedom to further define competency in their own way.

*Competency* for preceptorships is the application of knowledge, skills, and abilities needed to fulfill organizational, departmental, and practice setting requirements under the varied circumstances of real-world situations.
Six aspects of competency assessment and verification
When assessing preceptees’ competency needs and determining which verification methods to use, consider these six aspects (Wright 2005) to ensure that preceptees progress with strong, safe, effective patient care service:

- Select competencies that matter
- Select the right verification methods for each competency identified
- Clarify accountability of the manager or supervisor (e.g., compliance), educator (e.g., education and training), preceptor (e.g., competency), and preceptee (e.g., professionalism, compliance, competency) in the competency process
- Use a staff-centered verification process in which the preceptee has choices from a selection of verification methods
- Clarify what is a competency problem and what is not (e.g., what is a compliance problem)
- Promptly and effectively address competency deficits and preceptee problems as soon as they are identified

Goals of Preceptor Competency Assessment
The goals of competency assessment are threefold:

1. To provide a mechanism for directing and evaluating the competencies needed by preceptees to provide quality healthcare services
2. To identify areas of growth and development
3. To provide opportunities for ongoing learning to achieve continuous quality improvement

Traditional onboarding coordinators use a process-focused approach to competency assessment and verification. Competencies determined by leadership are often referred to as “core competencies.” These competencies are verified using only a few methods, usually self-assessments, checklists, and tests.

However, more educators and preceptors are using Wright’s outcome-focused, accountability-based approach (2005) to competency assessment and verification. In this approach, competencies are identified through a collaborative effort among managers or supervisors, staff, educators, and preceptors and are based on “prioritized need.”

Competency is verified through 11 categories of verification methods, including guided, reflective practice approaches, outcome measurements of daily work, and activities that develop critical thinking (CT) skills and stimulate shared decision-making.

Essential Elements of Competency-Based Preceptorships
Whether the preceptee is delivering patient care, transitioning to practice environments, or providing organizational leadership, the essential elements of competency described in multiple categories within three specific domains of skill are critical to their success: technical, interpersonal, and critical thinking (Wright 2005).

Competency, not personality traits
Some of these competencies can be subjectively interpreted. Do not confuse personality traits or characteristics with competency—they are not performance indicators. Common personality traits that sometimes appear in competency assessments, verification, and evaluation processes are listed below. Do not include these traits, which are shown in the following table, in your assessments.
Preceptors frequently need to check their perceptions with their preceptees before making a final decision regarding competency levels of knowledge, skills, or abilities in any skill domain.

Wright’s domains of critical skills
The essential elements of a competency-based orientation as defined by Wright are listed below.

<table>
<thead>
<tr>
<th>Technical skills</th>
<th>Interpersonal skills</th>
<th>Critical thinking skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasks performed efficiently and safely using:</td>
<td>• Communication</td>
<td>• Problem solving</td>
</tr>
<tr>
<td>• Cognitive skills</td>
<td>• Customer service</td>
<td>• Time management</td>
</tr>
<tr>
<td>• Knowledge</td>
<td>• Conflict management</td>
<td>• Priority setting</td>
</tr>
<tr>
<td>• Psychomotor skills and abilities</td>
<td>• Delegation facilitation</td>
<td>• Planning</td>
</tr>
<tr>
<td>• Technical understanding (ability to follow directions and carry out processes and procedures)</td>
<td>• Collaboration</td>
<td>• Creativity</td>
</tr>
<tr>
<td></td>
<td>• Directing others</td>
<td>• Ethics</td>
</tr>
<tr>
<td></td>
<td>• Articulation (e.g., expectations and boundaries)</td>
<td>• Resource allocating</td>
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<tr>
<td></td>
<td>• Appreciating diversity</td>
<td>• Fiscal responsibilities</td>
</tr>
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<td></td>
<td>• Team building</td>
<td>• Reasoning</td>
</tr>
<tr>
<td></td>
<td>• Listening</td>
<td>• Accurate judgment</td>
</tr>
<tr>
<td></td>
<td>• Respecting</td>
<td>• Reflective practice</td>
</tr>
<tr>
<td></td>
<td>• Caring</td>
<td>• Learning/teaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Change management</td>
</tr>
</tbody>
</table>

Measure competencies against well-developed professional standards published by respected organizations, e.g., state boards of nursing, professional medical organizations, The Joint Commission, etc. Document outcomes and improve them through training and development.

Examples of how preceptors can measure and document preceptees’ competencies in each of these domains include the following (Swihart & Figueroa, 2014).

**Technical competence** is the most familiar and objective skill domain. Measurements are generally by direct observation of psychomotor skills, for example:

• How equipment is managed
• Accuracy of data transfer
• Appropriate actions taken to address problematic reports

**Interpersonal competence** is grounded in the effective use of interpersonal communication when working with others. It is measured by direct observation of
interactions and behaviors that consistently convey caring and courteous attitudes, such as:

- Others greeted with warmth and genuineness
- Proper phone etiquette displayed
- Works cooperatively with team members
- Preceptees called by their preferred names

Critical-thinking or decision-making competence requires more creativity to measure and applies principles of critical thinking, problem solving, and decision-making to evidence-based practice. How do preceptees recognize problems, identify alternative actions, anticipate outcomes, and make choices based on the most current best practices? To determine competence here, get beneath the surface of problems by generating more questions and increasing the number of possible solutions, for example:

- “Why” questions asked and advice sought (e.g., how will you prioritize your work today?)
- Patterns, trends, and possibilities explored (e.g., what alternative measures are considered in various situations?)
- Intuition and “hunches” used when problem solving (e.g., how will the effectiveness of an intervention be determined and documented?)

Verification methods
Wright identified 11 verification methods for measuring competencies and domains of skill. They offer multiple approaches to assessing, verifying, and documenting levels of competency:

1. Tests/exams
2. Return demonstrations
3. Evidence of daily work
4. Case studies
5. Exemplars
6. Peer reviews
7. Self-assessments
8. Discussion/reflection groups
9. Presentations
10. Mock events/surveys
11. Quality improvement monitors

Preceptors help identify competencies beyond those required by organizations or as a part of onboarding processes to negotiate new skills and abilities to help preceptees continue to build their confidence before transitioning into service. The competency decision-making tool adapted from Wright’s work (2005) is a useful resource for identifying advanced and ongoing competencies; you will find it at the end of this white paper. Use or further adapt the decision-making tool for ongoing competency identification and employee development.

Performance Review vs. Competency Assessment
Although there may be some overlap, competency assessments and performance reviews or appraisals are two separate processes.

1. Performance reviews (or performance appraisals) ensure that preceptees are fulfilling their employment contractual agreements and following organizational policies. Reviews or appraisals are based on organization policies, professional practice standards, scopes of practice, and job descriptions or functional statements.

2. Competency assessments assess and verify the initial and ongoing knowledge, skills, and abilities needed to manage the changing nature of the position or job safely and effectively. They are based on quality indicators and the ongoing competencies identified for each position or work or practice setting.
Preceptorships may include elements of both systems but should keep them separate as much as possible within the context of the precepting relationship.

**In Summary**
Competency assessment and verification are fluid and dynamic processes. Work-specific competency-based orientations initiate these processes for new hires (preceptees) to ensure that new employees can engage in safe, effective, efficient service in their new practice settings. Initial competencies are determined during preceptorships, and new ones are identified and assessed periodically throughout onboarding and employment.

Adhering to the six aspects of meaningful competency assessments will ensure the validity of the competencies identified and help to determine the best verification methods to use to measure and evaluate outcomes.

From *The Preceptor Program Builder: Essential Tools for a Successful Preceptor Program*, by Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, and Solimar Figueroa, MSN, MHA, BSN, RN. Copyright © 2014 HCPro.
### Worksheet for Identifying Work Area-Specific Competencies

#### Unit/Area _____________________________ Date _____________________________

**Step 1:** Brainstorm staff needs by number (left column) in each of the categories listed below and place the number with a priority level in the appropriate box on the right. For example, item 7 is new and problematic with a high priority: place in BOTH boxes as 7-H.

**Step 2:** Prioritize those needs and choose those the UBC will focus on (H=High, M=Medium, L=Low).

<table>
<thead>
<tr>
<th>Competency Needs</th>
<th>Priority H – M – L</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the <strong>NEW</strong> procedures, policies, equipment, initiatives, etc., that affect this preceptee?</td>
<td></td>
</tr>
<tr>
<td>What are the <strong>CHANGES</strong> in procedures, policies, equipment, initiatives, etc., that affect this preceptee?</td>
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</tr>
<tr>
<td>What are the <strong>HIGH-RISK/ TIME-SENSITIVE</strong> aspects of this preceptee’s orientation? <em>(High risk is anything that would cause harm, death, or legal action to an individual or the organization.)</em></td>
<td></td>
</tr>
<tr>
<td>What are <strong>PROBLEMATIC</strong> aspects of this preceptee’s orientation? <em>(These can be identified through quality management data, incident reports, patient surveys, staff surveys, and any other form of evaluation, formal or informal.)</em></td>
<td></td>
</tr>
</tbody>
</table>

**Remember:** Are there any population/age-specific aspects in any of the priority areas listed above? Add these aspects to a competency selected above rather than create a separate population/age-specific competency.

**LIMIT your focus to a TOTAL of NO MORE THAN 10 COMPETENCIES.**

Trying to focus on more than that can be confusing and overwhelming for staff and leadership.