

HOW COMPETENT ARE WE AT ASSESSING COMPETENCY?

Zubin Austin BScPhm MBA MISc PhD

Professor and Ontario College of
Pharmacists' Research Chair

University of Toronto, Canada

Competency: What is it?

“The quality of being adequately or well-qualified physically or intellectually”

Websters, 2004

Competency: What does it mean?

- Different stakeholders hold different perceptions of competency
- These perceptions are based on stakeholder-specific needs and wants
- A problem to define one standard for competency, and an even bigger problem to actually “measure” it

Competency: Why does it matter?

- Basis for evaluating “success” in undergraduate health professions program
- Basis for defining readiness for practice at licensure
- Used in postgraduate and continuing professional development for program design and outcomes evaluation

Competency: A patient's perspective

What do patients want from health care professionals?

- Accessibility
- Affability
- Acknowledgement

Competency: A patient's perspective

- Complaints about practitioners are rarely due to only “an honest mistake” or a perception of inadequate knowledge or skill
- “Impoliteness” is the most frequent cause of complaints
- **Competency = interpersonal savvy**

Competency: A practitioner's perspective

- Day-to-day professional practice is tough...and getting tougher
- Decreased autonomy, increasing demands, burnout and personal/professional fatigue
- In the context of error...“There but for the grace of God go I”

Competency: a practitioner's perspective

- Errors of Commission: result of an action taken
- Errors of Omission: result of an action not taken
- Preventable vs. Accidental errors
- **Competency = good luck**

Competency: a regulator's perspective

- *Safety*: of the public
- *Accountability*: to multiple stakeholders
- *Transparency*: for members
- *Consistency*: like cases being judged similarly
- *Procedural fairness*: to prevent appeals, litigation

Competency: a regulator's perspective

- Often easier to simply define “incompetence” rather than competence
- Need to ensure consistent definition and application of rules in a fair and predictable manner
- System is generally adversarial
- Operational efficiency/practicality may trump philosophical rigor
- **Competency = whatever we say it is**
 - (a relative, not an absolute, construct)

Competency: an educator's perspective

- Initially focused on developmental perspectives – the expectations and needs of a 5-year, 15-year and 30-year graduate are different
- Eliciting the best possible performance from each individual to the best of their ability

Competency: an educator's perspective

- Each person is unique and different: a standard definition of competency makes little sense
- Need to prepare individuals for a life-time of practice, not simply to pass tomorrow's test
- **Competency = being the best YOU can be (and that will be different for everyone)**

Competency: a lawyer's perspective

- In the absence of agreed upon meaning of “competency”, standards must be interpreted through litigation/contestation
- Standards however are constantly evolving and being interpreted in light of changes in professional practice and expectations
- **Competency = a moving target**

What does the competency literature tell us?

- Attendance at CE events does not translate into change or enhancement of practice
- Completion of CE credits does not predict whether an individual will meet objectively defined “competency standards”
- Individuals at greatest risk of having difficulty in meeting standards are older (>25 years post-education), work in sole-proprietor structures, and are internationally educated

What does the competency literature tell us?

Those most likely to be deemed “competent” are those who are:

- connected/networked professionally
- express satisfaction with their career/career choice
- express satisfaction with their personal lives

What does the competency literature tell us?

- Peer-referencing amongst the most powerful motivators and reinforcers for learning
- “Learnworthiness” extends from childhood to adulthood and provides the filter through which individuals calculate what is actually worth learning

What does the competency literature tell us?

Four major approaches to defining and assessing competency:

- Behaviouralist approaches
- Cognitivist approaches
- Developmental approaches
- Psycho-analytic approaches

Behaviouralist Approaches

- Use of “carrots and sticks” or rewards and punishments to motivate learning and encourage a particular kind of performance
- Traditional structures found in education, regulation, employment, etc.
- While may be “fair”, may be subject to “code-shifting”

Cognitivist Approaches

- Focus on learning (not reward/punishment) as the vehicle for sustaining competency
- No one “chooses” to be incompetent: one is incompetent because they do not know how to be competent...but they can learn!
- Learning new skills takes time...what's to be done while we're waiting?

Developmental Approaches

- Needs/wants of a 22 year-old practitioner are different from a 42-year old or a 62-year old
- Competency means different things at different ages and stages – how does this affect uniform definitions used by regulators?
- Problem of highly subjective/flexible definitions of competency

Psycho-analytic Approaches

- Focus on the root cause of “*competency drift*”: why do practitioners allow their skills to deteriorate?
- Based on assumption that professional practice is really simply an extension of the individual practitioner’s own personality and day-to-day life

Engagement

- While we use the term “competency” to describe a complex phenomenon, perhaps we need to call it “engagement”
- Goal is not to create “competent” practitioners, but “engaged” ones who are interested in their profession, their patients, and their practice

Engagement in Professional Practice

- Concept of “flow” described by Csikszentmihalyi
- Characterized by sense of timelessness, productivity, subjective satisfaction, constructive and purposefulness
- Balance between an individual’s skill sets/interests and environmental challenges/opportunities:
 - high-challenge environment matched by high-skills produces **flow**
 - low-challenge environment matched by high-skills produces **boredom**
 - low-challenge environment matched by low-skills produces **apathy**
 - high-challenge environment matched by low-skills produces **anxiety**

The problem of engagement in any profession

- Balancing of skills and challenges in the practice setting
- Current behaviouralist systems of competency assessment encourage code shifting, not engagement
- However, current cognitivist, developmental or psycho-analytic competency maintenance systems may seem flaky, fakeable, or just plain weird

Creating Engagement

- Need to provide social incentive for competency
- Need to give practitioners a reason to stay competent, NOT simply a reason to not be labeled “incompetent”
- Competency systems need to support and reinforce good behaviours, not simply catch and punish bad behaviours

Creating Engagement in Professional Practice

- Self-assessment for self-confidence
- Empowerment
- “A culture of competence” needs to become a “a culture of engagement”

Conclusions

- Competency has multiple dimensions, depending upon one's perspective
- Competency may force distinctions between the personal and professional
- Need to evolve towards a culture of engagement...but in the mean time “competency” is still an important intermediary step

For further reading

Csikszentmihalyi, M (1996). *Creativity: Flow and the psychology of discovery and invention*. New York: Harper Perennial (ISBN 0-06-092820-4).

Hodges B (2006). Medical education and the maintenance of incompetence. *Medical Teacher* 28(8): 690-696.

Austin Z (2008). “I just don’t know what I’m supposed to know”: evaluating self-assessment skills of international pharmacy graduates in Canada. *Research in Social and Administrative Pharmacy* 4(2): 115-124.