CNE Quiz: From Chaos to Competency: Implementing a New Competency Model in a Multihospital System

1. Competency is defined by The Joint Commission as:
   A. Possessing suitable skills and experience for the practice role.
   B. A determination of an individual’s skills, knowledge, and capability to meet defined expectations.
   C. A process whereby an individual applies his or her knowledge to demonstrate the skills and abilities necessary to care for patients.
   D. The application of the knowledge, skills, and behaviors essential for patient care.

2. Ongoing competency needs assessment begins with:
   A. Planning.
   B. Identification.
   C. Implementation.
   D. Evaluation.

3. For each identified competency, the nurse can select from:
   A. A single method of verification based on an annual performance review.
   B. Several methods using a performance-based development system.
   C. Multiple methods of verification, using principles of adult learning.
   D. A single method of verification, using the novice-to-expert model.

4. In addition to critical thinking and technical skills, Wright’s model of competency assessment can be applied to assess skills related to:
   A. Conflict management.
   B. Problem solving.
   C. Time management.
   D. Interpersonal rapport.

5. Wright’s work sheet for identifying ongoing competencies includes “What is new” and “What is changing,” as well as:
   A. “What is old” and “What is low risk/time sensitive.”
   B. “What is problematic” and “What is high risk/time sensitive.”
   C. “What is stable” and “What is uncertain.”
   D. “What is practical” and “What is critical.”

6. The authors reported that a challenge in implementing a system-wide competency model was:
   A. Less than enthusiastic administration.
   B. Insufficient procedures.
7. During the first year of implementation, the common core competencies of Patient Satisfaction and Patient Safety were selected, as well as:
   A. Commitment.
   B. Change.
   C. Communication.
   D. Care.

8. The effect on nursing from implementing Wright’s model was:
   A. Increased collaboration with leadership and staff in the identification of competencies.
   B. Growth in the morale of nursing leadership and staff nurses.
   C. Moderate improvement in the nurses’ clinical skills.
   D. Decreased staff accountability for competency completion.

9. One important lesson learned following implementation of this model was:
   A. It is not necessary to individualize the model for the needs of each unit.
   B. To align the methods of verification closely with the competency objectives.
   C. Commitment by the physicians is beneficial.
   D. Incorporation of quality improvement data as verification is not important.

10. An appropriate method for assessing competency in the administration of a blood transfusion is to use:
    A. A written exemplar on how to administer a blood transfusion.
    B. A poster presentation at a skills fair.
    C. A multihospital presentation as an in-service.
    D. Peer or super user observation.

11. Topics that did not meet Wright’s competency guidelines were:
    A. Specialty educational ideas to be developed.
    B. Generalizable across systems.
    C. Added to the orientation list.
    D. Considered too difficult to use as a competency strategy.

12. Anecdotal feedback from staff and leadership following the initial rollout indicated that there was a need to:
    A. Revisit the competency verification checklist.
    B. Maintain specialty department competencies.
    C. Require staff to demonstrate greater accountability for their competencies.
    D. Use quality improvement data to show that safety outcomes are unchanged.

CNE QUIZ ANSWERS

1. B  7. C
2. B  8. A
4. D  10. D
5. B  11. A
6. D  12. C