



2002 Mississippi
Competency
Model

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Introduction

The Mississippi Competency Model is the culmination of a collaborative effort of many nursing leaders in the state of Mississippi as a part of Phase I of the Office of Nursing Workforce Redevelopment (ONWR) project. In 1996, the Mississippi Legislature enacted legislation that created the Office of Nursing Workforce Redevelopment (ONWR). The legislation was spearheaded by the Nursing Organization Liaison Committee (NOLC) whose membership is made up of representatives from all major nursing organizations in Mississippi and functions under the auspices of the Mississippi Nurses' Association (MNA). The ONWR was renamed Office of Nursing Workforce (ONW) in 2001.

The Mississippi Board of Nursing, Mississippi Hospital Association Health, Research and Educational Foundation, Robert Wood Johnson Foundation and the Mississippi Legislature have played integral parts in the administration and funding of the workforce initiative. Primary monies have been provided to NOLC through a Robert Wood Johnson Foundation *Colleagues in Caring* grant along with funding from the Mississippi Legislature. These monies began a six-year funding period for the expressed purpose of addressing nursing workplace issues in Mississippi.

The Mississippi Competency Model was developed for the purpose of enhancing the education and practice of Mississippi nurses and was implemented in 1997. The desired outcome of this collaboration and development of the model was to facilitate articulation for Mississippi nurses within programs offering higher degrees in nursing and to assist employers in understanding the differences in expected skill sets based on educational degrees.

To achieve these objectives, ONW worked with the Mississippi Council of Deans and Directors and representatives from Mississippi Association of Practical Nurse Educators to develop core competencies for each educational level offered in the state. Drafts of the Model were critiqued by NOLC members, representatives of Mississippi Association of Nursing Executives and faculty members in schools of nursing in the state prior to its publication. The process used to develop the Model is described in the 1997 publication entitled "Mississippi Competency Model" (Eichelberger) and in "Competency Model 101: The Process of Developing Core Competencies" (Eichelberger & Hewlett, 1999).

In March 1999, the ONW received an additional three-year round of funding from the Robert Wood Johnson Foundation as one of 20 participants in Stage II of the *Colleagues in Caring* grant initiative. The second phase of ONW project funding included the goals of defining the broad concept of "competency", testing and evaluating the Competency Model in academia and service and revising the Model to include PhD competencies.

The Mississippi Competency Model has been a unifying force for nursing education in the state. The process of developing the Model has led to an increased understanding and valuing of the differences and uniqueness in the roles and competencies of nurses with varying educational backgrounds. The Model has been found to be congruent with the outcomes of all types of nursing degrees offered in Mississippi. Therefore, schools of nursing can use the Model as the basis for designing curricula and policies designed to improve the articulation of educational programs and upward mobility of nurses in Mississippi and move toward that end.

Appendix A 1997 Mississippi Competency Model

COMPETENCIES

PROVIDER: The nurse, utilizing a systematic process, assists clients* in meeting health care needs in a wide variety of settings. The nurse coordinates the care of clients using a multidisciplinary approach.

	LPN	ADN	BSN	MSN
Care Giver	Provides client care, using an established plan to meet basic health needs, under the direction of qualified health professionals.	Plans, coordinates, implements and evaluates nursing care designed to promote and/or maintain healthy outcomes for clients.	Coordinates, implements and evaluates nursing care designed to promote and/or maintain healthy outcomes for clients. Evaluates theoretical and research-based interventions for their applicability to nursing practice.	Provides and evaluates comprehensive, integrated care utilizing specialized knowledge and expertise to promote and/or maintain healthy outcomes for clients.
Teacher	Provides basic health teaching for clients, with identified health needs, using an established teaching plan.	Designs, implements and evaluates teaching plans of care for clients.	Designs, coordinates, implements and evaluates comprehensive teaching plan(s) for clients.	Designs, implements and evaluates comprehensive teaching programs for clients and health personnel.
Communicator/ Counselor (User of Information Technology)	Establishes and participates in a therapeutic relationship with clients. Uses information necessary to provide basic care for clients.	Establishes and maintains therapeutic relationships with clients. Uses technology for the improvement of client care.	Establishes and manages therapeutic relationships with clients. Integrates multiple technological resources into the delivery of client care.	Develops and evaluates therapeutic relationships with clients. Develops, implements and evaluates counseling strategies. Creates manages and evaluates the usefulness of databases. Evaluates information systems for the improvement of client care.
Advocate	Recognizes issues related to protection of consumers' rights and notifies RN/MD on behalf of client to protect those rights.	Uses knowledge of consumers' rights and responsibilities to plan care for and intervene on behalf of clients. Is aware of health policy and its impact on clients' care.	Disseminates information to increase the knowledge level of clients about health policy and consumer rights and responsibilities. Acts to uphold these rights.	Assumes a leadership role in intervening on behalf of clients to uphold and protect consumers' rights. Engages in health policy development.

**Clients - The recipients of nursing care. Clients for licensed practical and associate degree nurses include individuals, families, and groups. Clients for baccalaureate and masters prepared nurses include individuals, families, groups and the community. For the purpose of this definition, the community as a client is viewed as a group of individuals living in a geographically related area, sharing common resources and whom others identify as having a relationship.*

COMPETENCIES

MEMBER OF A PROFESSION: The nurse is accountable for the ethical, legal and professional dimensions of the practice of nursing.

	LPN	ADN	BSN	MSN
Scholar (researcher)	Assumes responsibility for professional development and commitment to lifelong learning. Recognizes the role research plays in the delivery of client care.	Pursues professional development as it relates to the improvement of health care. Uses interpreted nursing research findings to improve client outcomes.	Pursues and communicates knowledge as it relates to the improvement of health care. Incorporates research findings into practice and consults with nurse researchers regarding identified nursing problems in order to enhance nursing practice.	Pursues, develops and communicates advanced knowledge as it relates to the improvement of health care. Participates in designing and conducting research specific to the improvement of client outcomes.
Collaborator	Participates in collegial relationships for the purpose of improving client outcomes.	Participates in the establishment of collegial relationships for the purpose of improving client outcomes.	Establishes, promotes and evaluates the care environment for the purpose of improving client outcomes.	Establishes and evaluates professional networks for the purpose of improving client outcomes.
Ethicist	Practices within the values framework and legal parameters of the nursing profession.	Practices within the values framework and legal parameters of the nursing profession. Contributes to the decision-making process relative to ethical issues for clients.	Practices within the values framework and legal parameters of the nursing profession. Participates in the decision-making process relative to ethical issues for clients.	Practices within values framework and legal parameters of nursing. Uses established ethical frameworks to monitor and influence health care practices.

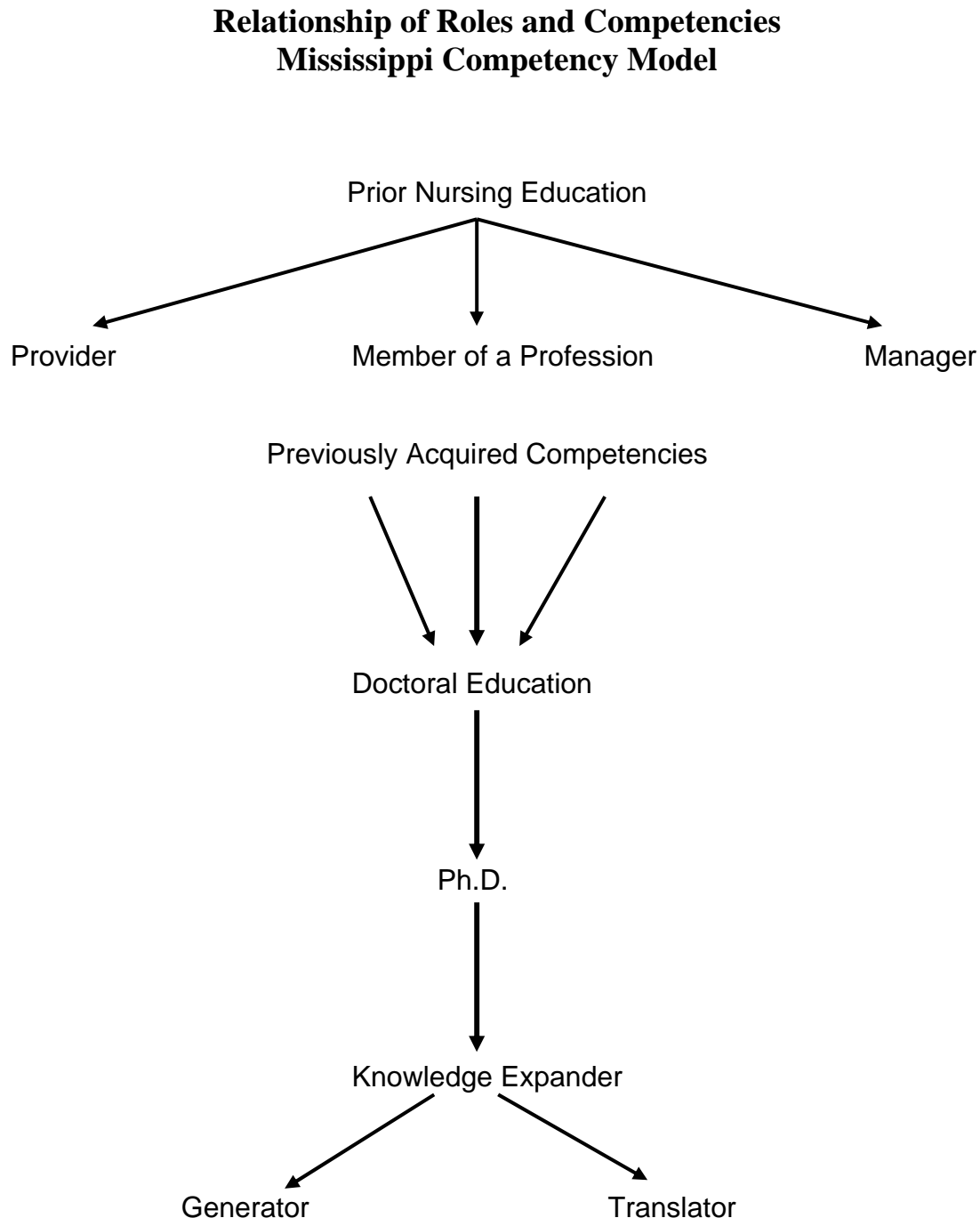
COMPETENCIES

MANAGER: The nurse optimizes resources to achieve desired outcomes for the promotion of health in client populations.

	LPN	ADN	BSN	MSN
Leader (Intrapreneur)	Demonstrates basic management concepts in the provision of client care. Uses knowledge of traditional and alternative care delivery systems in the care of clients. Is receptive to changes in health care.	Works with other health care personnel to coordinate care to improve client outcomes. Participates in implementing traditional and alternative care delivery system. Adapts practice to respond to rapid changes in health care.	Assumes an influential role in planning, managing and monitoring health care to improve client outcomes. Assists in the development and evaluation of traditional and alternative care delivery systems. Plans for implementation of changes in health care.	Provides visionary direction to create, modify, evaluate and enhance the effectiveness of health care systems through monitoring client outcomes. Participates in the establishment and systematic evaluation of client care provided by traditional and alternative care delivery systems. Anticipate, designs and implements needed changes in health care.
Facilitator	Participates in group process to promote the provision of nursing care.	Uses knowledge of group dynamics to improve client outcomes.	Serves as a leader in group process.	Advances group efforts to improve the delivery and quality of health care to multiple constituents utilizing the expertise and skill of nurses and other professional.
Decision Maker	Uses critical thinking and problem solving in making decisions about basic health care needs.	Uses critical thinking and problem solving approaches as a basis for nursing practice.	Uses critical thinking and problem solving to address complex health issues.	Challenges assumptions and explores alternative avenues in the improvement of client outcomes.

The 2002 Mississippi Competency Model includes four roles for the PhD nurse. The placement of the 4th role, Knowledge Expander is consistent with the 1997 Mississippi Competency Model. The 4th role is unique to the PhD nurse but builds upon all prior competencies. Therefore the structure of the revised model includes the first 3 roles of Provider, Member of a Profession and Manger and is followed by the 4th role and the 2 PhD competencies. A schematic representation of how the doctoral role and competencies relate to the roles and competencies previously established in the Model for other educational degrees is presented in Figure 1.

Figure 1.



Roles Within the 1997 Model

The competencies listed for the roles of Provider, Member of a Profession and Manager in the 1997 Model are attained as a result of prior educational experiences. These competencies are valid and integral to the outcomes of the graduates of PhD programs in nursing. However, due to the nature of doctoral education and the expectations of a doctorally prepared nurse, the roles of Provider, Member of a Profession and Manager, are not, in and of themselves, sufficient to describe the roles and expected competencies of a PhD graduate. The PhD nurse is expected to be competent in the roles of Provider, Member of a Profession and Manager and comes to the doctoral educational process possessing the competencies of prior educational experiences. This relationship is depicted in Figure 2. In addition to prior formal education, career paths, interests and life experiences add other dimensions to the nurse who is seeking doctoral education and ultimately affect the role of the doctorally prepared nurse.

Summary

The revised Mississippi Competency Model is a graphic representation of the four roles nurses assume when delivering care to others. The role of Provider, Member of a Profession and Manager are common to all nurses regardless of their educational preparation. The 4th role of Knowledge Expander is unique to the PhD nurse and requires the ability to perform the other nursing roles listed in the Model as well.

The competencies set forth in the Model offer broad standards of expectation for graduate nurses holding various educational degrees. While broad in scope, the competencies provide direction for organizing and classifying specific interventions, making possible the grouping of nursing knowledge, skills and abilities according to educational preparation.

Conclusion

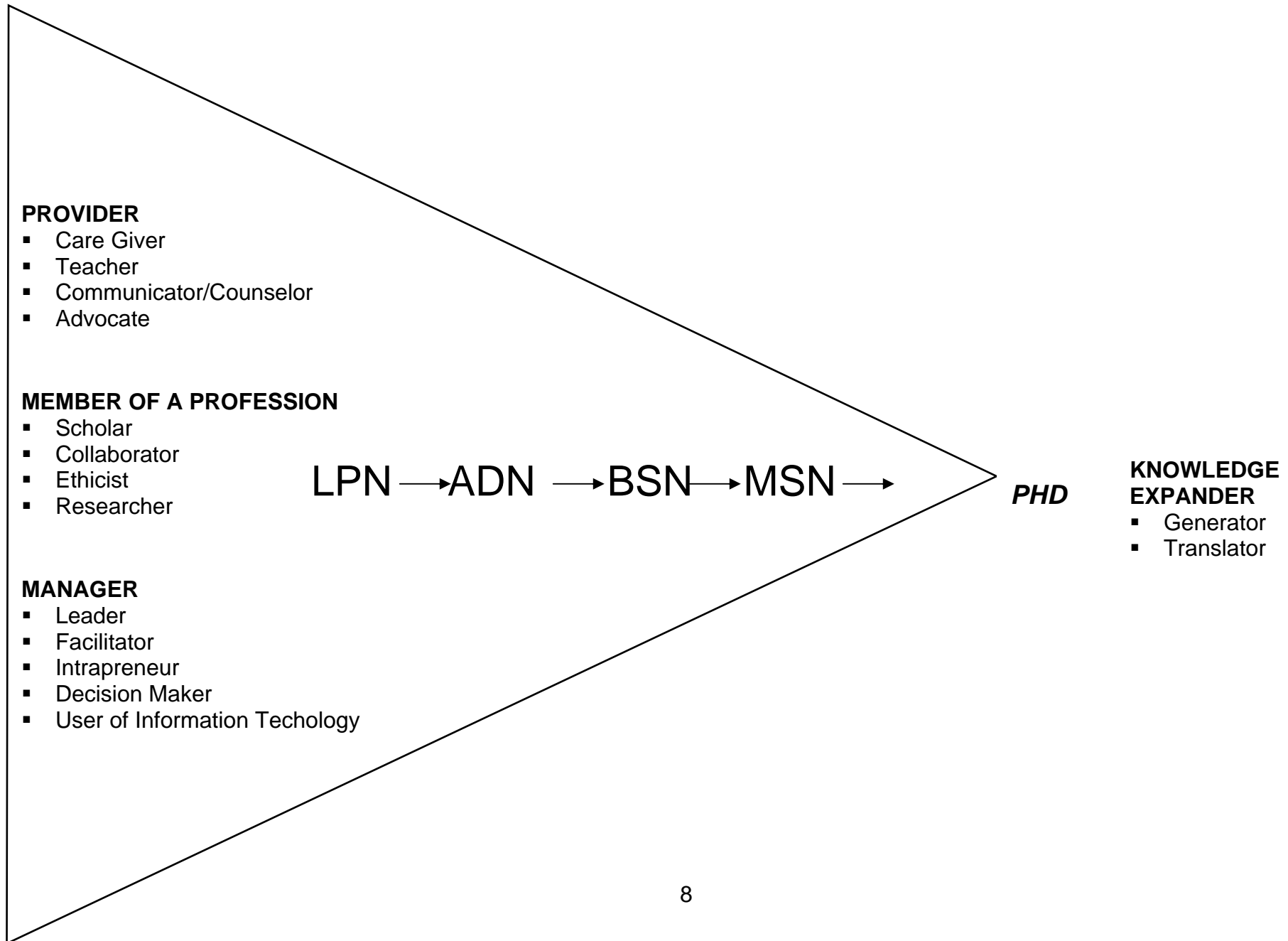
The Mississippi Competency Model is the result of a collaborative effort of nursing leaders across the state and it was created for the purpose of enhancing the education and practice of Mississippi nurses. The Model has been used in a variety of ways by Mississippi nurses as well as nurses across the United States. The Model has been used as an evaluation tool for new graduates and nursing programs and for curricular development and revision.

The Model is the beginning framework around which nursing interventions can be organized. While the Model, in and of itself, lacks the specificity to classify all nursing skills that comprise the discipline of nursing, what the Model does offer is a framework by which Mississippi nurses can begin to differentiate competency based nursing practice.

But perhaps, the greatest contribution of the Model lies not with the Model as a product but in the Model as process. The current and future use of the 2002 Mississippi Competency Model will forever be dependent on the process by which the document was created, the lessons learned by working together to accomplish the task and the way in which the Model continues to be used to determine competency based practice.

Defining the roles and competencies for all educational levels is a significant accomplishment and the Mississippi Competency Model has shown it is congruent with the outcomes of educational programs throughout the state. The process of nurses working together to define what should be expected of a nurse by virtue of the degree held has been equally valuable. It is the hope of ONW that the legacy of the Mississippi Competency Model will be that of providing the basis for seamless articulation and upward mobility for nurses and beginning the efforts to define the work of the nurse thereby allowing nursing workforce demands to be projected and met.

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Acknowledgements

In an effort such as the one undertaken to create and implement the Mississippi Competency Model, it is impossible to begin to adequately recognize the valuable contributions made by so many visionary nursing leaders over the past six years. The members of the Mississippi Council of Deans and Directors of Schools of Nursing and the Nursing Organization Liaison Committee have led the development and acceptance of the model and multiple task forces and committees have provided invaluable suggestions and input into the Model's final form. Without their strong support and belief in the project, the Model would never have been created. Part of what has made the Competency Project so successful has been the process that utilized the talents of so many Mississippi nurses working together to define what nurses.

Without the generous financial and administrative support of the Mississippi State Legislature, Mississippi Board of Nursing, Mississippi Hospital Association Health, Research and Educational Foundation, Inc, Mississippi Nurses' Association, and Robert Wood Johnson Foundation *Colleagues in Caring* grant funding, Mississippi nurses would not have had the opportunity to establish educational competencies for nurses.

This document references the work of the individuals cited and acknowledged in 1997 Mississippi Competency Model who were instrumental in creating the original competencies. Though not mentioned specifically in this document, without their seminal ideas, thoughts and belief in this process, it is doubtful that doctoral competencies for Mississippi nurses would exist in 2002. Their efforts related to the evolution of the doctoral competencies and to the evaluation of the original model, though perhaps indirect, are immeasurable and must not be overlooked.

The Mississippi Council of Deans and Directors of Schools of Nursing deserves a special thank you for their willingness to cooperate with the consultant and project director throughout the funding period. Their support has been critical to this entire process and will continue to be vital as the competencies are used for curricula and articulation.

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