



# Updated ARN Competency Model for Professional Rehabilitation Nursing- Practice Applications

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# Why a Competency Model?

- ✓ Rehabilitation nursing is a specialty of managing and promoting care of persons with disability and chronic health conditions along the healthcare continuum (ARN, n.d.)
- ✓ Nursing models provide a lens through which rehabilitation nurses can view their practice and guide it
- ✓ The Competency Model for Professional Rehabilitation Nursing provides an organized framework to foster best practices through its application

# Definitions

- ✓ Domain – specific sphere of knowledge
- ✓ Four original domains were created that highlight essential role competencies needed for practicing rehabilitation nurses – these remain
- ✓ Competency is a behavior (includes activities and informed by knowledge and skills)
- ✓ Competencies were further delineated into three levels of nurse proficiency reflecting degree of accountability and/or autonomy:
  - ✓ beginner
  - ✓ intermediate (CRRN)
  - ✓ Advanced (expert resource; roles may include but not be limited to educator, CNS, NP, etc.).

# The Task force

- ✓ An eight member task force was selected to represent different geographic regions of the US and various clinical and academic settings
- ✓ The TF reviewed and revised the current Model to reflect current practice and to ensure the Model stays relevant as we move into the second decade of the 21<sup>st</sup> century

# The Appraisal process

- ✓ Task force met via Zoom throughout 2020 at one-two month intervals
- ✓ Following an initial review of the Model by all members, the group was divided into two-person subgroups and assigned one of the four domains and its associated competencies for an in-depth appraisal
- ✓ Each subgroup also developed a case story to depict a “real life” scenario that highlighted the domain principles

# The Appraisal process (cont.)

- ✓ After initial revisions were agreed upon, the domain and case story was assigned to a second subgroup for ongoing appraisal
- ✓ When TF reconvened, the four domains and case stories were discussed until consensus achieved

# Revision Outcomes

- ✓ Words **do** matter! Client changed to patient to be more inclusive, as persons with disability need healthcare and treatment in partnership with professionals
- ✓ Family definition also modified to include any person who provides support and/or care to the patient
- ✓ Rehabilitation nurses – strong advocates for patient and family and acknowledge social conditions that may influence access to the right setting and care quality

# Revision Outcomes (cont.)

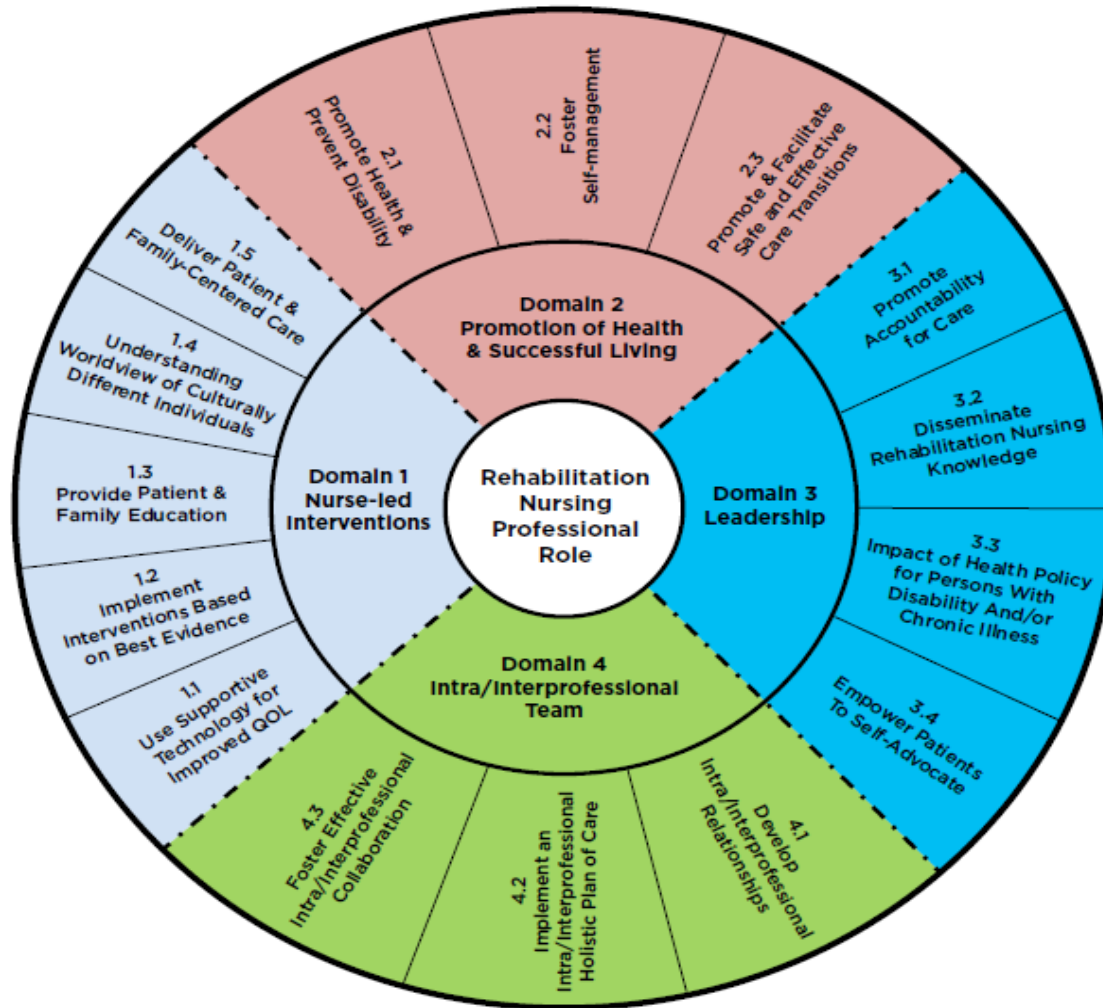
- ✓ Added competency 1.4 to Domain one that focuses on the understanding of the worldview of individuals reflecting rehabilitation nursing's multicultural approach and global reach
- ✓ Congruent with ARN strategic plan that purports rehab nursing is inclusive, non-biased, and culturally sensitive. Concept threaded across domains/competencies



# Revision Outcomes (cont.)

- ✓ Model represents the culturally sensitive and holistic nature of rehabilitation nursing practice, with interprofessional collaboration to promote patient-family and community health
- ✓ Added the word intraprofessional throughout the Model; reflects nurse peer collaboration and feedback process integral to professional nursing practice

# ARN Competency Model for Professional Rehabilitation Nursing



# Domain 1: Nurse-led Evidence-based Interventions to Promote Function and Health Management in Persons with Disability and/or Chronic Illness

- 1.1 Use Supportive Technology for Improving Quality of Life for Persons with Disability
- 1.2 Implement Nursing and Inter-professional Interventions Based on Best Evidence to Manage the Patient's Disability and/or Chronic Illness
- 1.3 Provide Patient-Family Education in Relation to Disability, Chronic Illness, and Health Management (DCIHM)
- 1.4 Understanding Worldview of Culturally Different Individuals
- 1.5 Deliver Patient - Family-centered Care

# Domain 2: Promotion of Health and Successful Living in Persons with Disability or Chronic Illness Across Life-span

2.1 Promote Health & Prevent Disability Across the Life-span

2.2 Foster Self-Management

2.3 Promote and Facilitate Safe and Effective Care Transitions

# Domain 3: Leadership

3.1 Promote Accountability for Care

3.2 Disseminate Rehabilitation Nursing Knowledge

3.3 Impact Health Policy for Persons with Disability and/or Chronic Illness

3.4 Empower Patient Self-Advocacy

# Domain 4: Intra/Interprofessional Teams

4.1 Develop Intra/Interprofessional Relationships

4.2 Implement an Intra/Interprofessional Holistic Plan of Care

4.3 Foster Effective Intra/Interprofessional Collaboration

# Case Story

45 yo Maria Hernandez, a small business owner and avid bicyclist, was struck by an auto and injured during a weekend ride, resulting in a SCI at the T-12 level. After medical stabilization, Maria was transferred to acute rehabilitation. Admission orders included a neurogenic bladder plan. The nurse approached her early in her stay regarding self-cath program and provided education regarding neurogenic bladder function. Maria politely refused stating she would not need to catheterize as she would regain bladder function shortly! Concerned, Maria's nurse consulted the CNS as to how to proceed. She recommended the following strategies:

# Case Story (cont.)

- Approach Maria in a positive manner; acknowledge her denial and fear related to this life-changing event
- Consult with other IP team members as indicated for support (i.e. CNS regarding cath choices)
- Provide step by step instructions as the nurse performs the procedure
- Explain the bladder plan simply in a matter of fact manner, providing simple educational materials with diagrams and pictures
- Collaborate with the OT regarding a specialized mirror that can assist Maria with visualization and to facilitate self-cath
- Attempt to have Maria participate in the self-cath each day “walking her through each step” of the procedure



# Case Story (cont.)

- After a few days of assisted practice; set up the supplies on the over bed table and have her attempt procedure providing positive reinforcement Maria was successful after several tries, which appeared to boost her confidence
- The nurse, CNS, and OT also had her initiate the cath procedure while in the wheelchair in the bathroom assisting her with clothing management and leg positioning
- Maria was discharged to home and was independent with her bladder program using a discreet hydrophilic cath product
- CNS followed up via Zoom. She was also referred to Home Health for PT/OT. Maria was provided with community resources including a community and web-based support group

# Case Story (cont.)

- Which competencies were demonstrated in the above scenario?

1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 3.2, 3.4, 4.3

# Clinical Relevance

- ✓ The updated Competency Model for Professional Rehabilitation Nursing provides:
  - ✓ A unique structure in which rehabilitation nurses practice at various levels of proficiency in different settings across continuum
  - ✓ Insight into current practice and the advancement of our specialty practice

# Clinical Relevance (cont.)

- ✓ Application for Model utilization include:
  - ✓ Map for educational and clinical practice (i.e. educational needs assessment; framework for academic , staff orientation/onboarding, CEU course, or clinical ladder programs based on proficiency levels; template for recruitment; role description/delineation on IP teams)
- ✓ Integrated into the ARN educational materials:
  - ✓ *Core Curriculum*, webinars, conference and/or publications
  - ✓ Various teaching scenarios are available of the ARN website – [rehabnurse.org](http://rehabnurse.org)

# Conclusion

- ✓ Rehabilitation nursing has evolved and encompasses nursing in various settings across healthcare continuum
- ✓ Unites the global rehabilitation nurse community through clarification of roles at different proficiency levels

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