Insight, competence and performance, is there a relationship?

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- Access to complaints data through the Nursing and Midwifery Council (NMC) New South Wales.
- The participants who contributed to this research

Study aims

To analyse the assessment and adjudication of nurses with performance related complaints for competence, in order to:

- Ascertain any relationship between CPD, recency of practice and performance competence
- Explore whether remediation might provide any guarantee of performance competence
- Identify any relationship between awareness/insight and performance competence
- **Define (if possible) the characteristics that inform an understanding that a practitioner has insight**

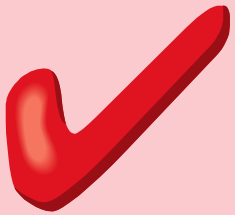
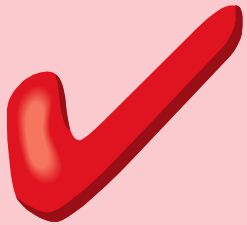
Our focus today is on complaints, performance complaints specifically

- Little has been written about the nature of insight in the HCP regulatory literature
- Yet in the disciplinary case law, health professionals are often removed from or left on their health professional register because respectively they either lack or demonstrate insight.

Competence awareness

- If indicators (self assessment, CPD, Practice hours) ensured competence, then no-one would present as a complaint for lack of competence
- Arguably, competence does not always ensure safe performance
- Is the missing thread competence awareness or insight?
- Health professionals require insight into their performance in order to determine when to change their performance

Competence awareness matrix

	Competent	Incompetent
Aware	Aware that they are competent 	Aware that they are incompetent 
*Unaware	Unaware that they are competent 	Unaware that they are incompetent 

Competence awareness and safety

	Competent	Incompetent
Aware	Aware they are competent **SAFE**	Aware they are incompetent **POTENTIALLY SAFE**
Unaware	Unaware they are competent **POTENTIALLY UNSAFE**	Unaware they are incompetent **UNSAFE**

Analysis of NMC performance complaint files

- Confidentiality agreement between Nursing & Midwifery Council (NSW).
- Access to all NMC performance competence complaint files over previous five-year period (2010-2016).
- 978 complaint files from NMC TRIM database were “hand-searched” by the researchers, then
- Cross referenced against NMC Excel database to filter out performance complaints that included either a health or conduct complaint.

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Data collected and analysed

- A total of 712 complaints were eventually analysed.
- These data were de-identified and aggregated for age, year of complaint and registration status.
- Complaint files and histories were then analysed and coded for:
  - date of birth;
  - year of complaint;
  - work area (e.g. operating theatres, aged care facility);
  - focus of complaint;
  - facts of complaint;
  - decision and outcome.

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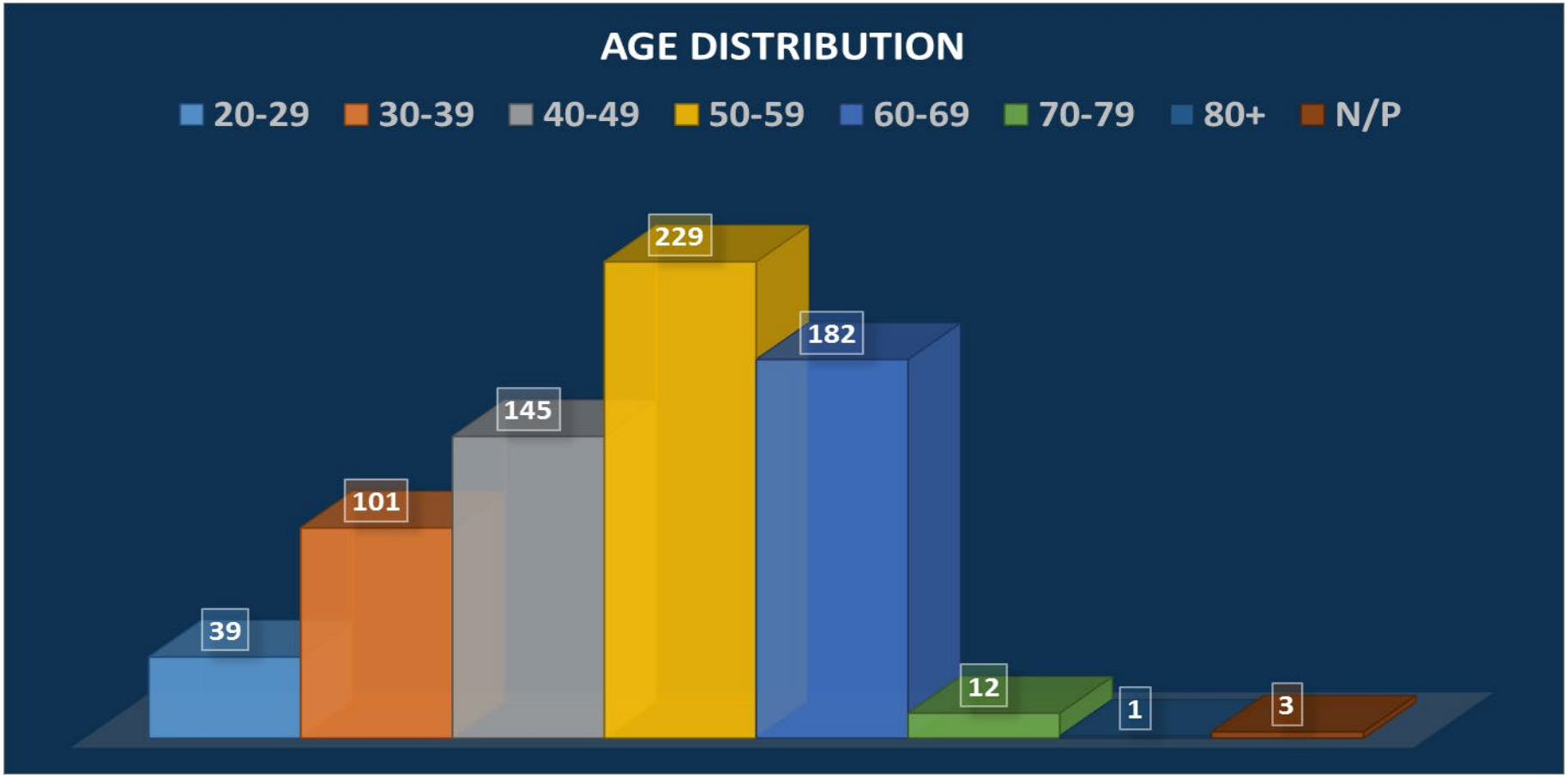
Age Distribution



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Notifications by top four areas of work

The top four areas where nurses or midwives worked who were the subjects of performance complaints were:

1. aged care (n=150)
2. mental health (n=69)
3. midwifery/ maternity services (n=66)
4. emergency department (n=53)

How does insight manifest in practice?

Elements demonstrating insight	Elements that were sources of concern in relation to lack of insight
➢ Ownership of and taking responsibility for the incident ➢ Evidence of reflection and analysis of the incident ➢ Evidence of reflection and analysis of the practitioner's own mental and/or physical state ➢ Analysis of the context in which the incident occurred ➢ Recognition of own failures or mistakes ➢ Expressions of remorse, sorrow or regret ➢ Making an effort to improve oneself through targeted education ➢ Thinking about and describing what the practitioner would do differently next time ➢ Seeking out counseling/ mentorship.	➢ When the practitioner did not seem to understand what the actual issue was ➢ When a practitioner made no attempt to change or did not act on the feedback provided from a performance assessment either in the workplace or through the NMC ➢ When the practitioner blamed other people for the error/ incident but took no personal responsibility ➢ When the practitioner made excuses for why the error/incident had occurred (rather than constructively analyzing the context in which the incident occurred) ➢ When the practitioner was non-compliant with improvement strategies such as further education or experience.

How do we develop and recognise insight?

- Insight is often cited as the key reason why a health professional is considered safe to remain on the register or, in its absence, unsafe to remain.
- A lack of clarity as to how insight might manifest can lead to a lack of inter-rater reliability in assessment of clinicians' performance.
- Having language to describe the behaviours and attitudes that constitute insight enables us to inform registrants about attitudes and behaviours that might improve safe clinical practice.
- In addition, such language provides identifiable criteria for quasi-judicial decision makers and performance assessors.
- Taking a proactive educational approach to the development of insight also seems preferable to using it as a retrospective lens through which to make decisions about de-registration.

Reflection alone is insufficient indication of insight for regulators

- What is clear from this analysis is that reflection alone does not constitute the reassurance about insight that regulators are seeking.
- Reflection was mandated in this study through the requirement to complete the self-reflection logs.
- This requirement enabled us to differentiate between reflection and insight and to identify that there was a physical, as well as a cerebral, element necessary for patient safety concerns to be satisfied.

Behaviours and cues indicating insight

- Thus, the **insight required by regulators** is comprised of

  REFLECTION

  PLUS

  OWNERSHIP OF THE REGISTRANT'S ROLE IN THE ISSUE UNDER REVIEW

  PLUS

  ACTION

- This action may require demonstration of lessons learnt through discussion of how the registrant might respond, should such an incident occur again.
- Should the concern relate to performance deficit:- perhaps poor aseptic technique, medication issues;- then the registrant would be expected to have taken active steps to address the deficit.

Behaviours and cues indicating a lack of insight

- These behaviours and cues usually relate to reflection **MINUS** ownership and **MINUS** action.

- Many of the concerns about lack of insight manifested because a registrant did not follow up on a learning opportunity or determine they would change their behaviour.

In conclusion

- The study has provided examples from written reports to highlight behaviours, post -reflection, that indicate the presence or absence of insight that is sufficient to inform a regulatory panel or committee whether a registrant poses a threat to public safety.
- We believe that highlighting these behaviours and cues will provide greater understanding for nurses of what can and does lead to error.
- Such an understanding may in turn enable nurses to develop a heightened awareness of their responsibility, leading to greater “insight” prior to an error.

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Thank you -

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