

## Benner’s Stages of Clinical Competence

### Introduction:

Healthcare is complex and there is a level of responsibility for ongoing professional development and learning among those working in stroke care.

The Stroke Core Competency Framework is a self-directed resource and can be used to help identify individual learning needs. It utilizes Benner’s Stages of Clinical Competence as the approach to assessment.

Benner’s Stages of Clinical Competence were derived from the Dreyfus Model of Skill Acquisition (Novice to Expert). Benner’s theory proposes expertise and understanding in healthcare over time and is based on educational background/knowledge as well as experience/situation-based learning (Benner, 1982).

As described in Benner’s model, “experience is not the mere passage of time or longevity; it is the refinement of preconceived notions and theory by encountering many actual practical situations that add nuances or shades of differences to theory. Theory offers what can be made explicit and formalized but clinical practice is always more complex and presents many more realities that can be captured by theory alone. Theory, however, guides clinicians and enables them to ask the right questions. Theory and research are generated from the practical world, from the practices of experts in a field” (Benner, 1982 p. 6).

### How to use Benner’s Stages of Clinical Competence:

The table below will help you use Benner’s Stages of Clinical Competence to self-evaluate your level of competence. The goal is not to become an expert in all areas of stroke care, but to identify learning needs based on your current environment, knowledge, skill, experience, and scope of practice.

**Note:** Years of experience are guidelines based on Benner’s research in building nursing expertise. These stages have since been incorporated by various healthcare providers.

Stage	Knowledge, Skill, and Experience
<b>Stage 1: Novice</b>	<ul style="list-style-type: none"> <li>• Has foundational knowledge to achieve the learning outcome (e.g., education/training, orientation)</li> <li>• No experience with performing the learning outcome, task, or skill expected to be performed; Unable to use discretionary judgment</li> <li>• Lacks the confidence to demonstrate safe practice; requires support (verbal and physical cues) in clinical practice from someone at least at the “Competent” level.</li> <li>• Suggestion: New graduates and those under provisional practice supervision</li> </ul>
<b>Stage 2: Advance Beginner</b>	<ul style="list-style-type: none"> <li>• Developing an understanding of the learning outcome based on knowledge and similar experience</li> <li>• Prior experience with the learning outcome, task, or skill expected to be performed; requires occasional cueing/support, may or may not execute/perform with a delay</li> <li>• Suggestion: Recent graduate with up to 2-3 years of experience related to stroke care</li> </ul>
<b>Stage 3: Competent</b>	<ul style="list-style-type: none"> <li>• Has experience in the same or similar environment for 2-3 years</li> <li>• Demonstrates efficiency, is coordinated and confident in their action/decision to achieve the learning outcome, task, or skill expected to be performed</li> <li>• Able to develop a plan based on current and anticipated outcomes</li> <li>• The learning outcome is achieved within a suitable timeframe without supporting cues</li> <li>• Many staff will remain in the competent stage. To advance to the next stage, improving the speed in decision-making and mental flexibility are required. Suggested learning opportunities include decision-making games</li> </ul>

	and simulations that give practice in planning and coordinating multiple, complex patient care demands.
<b>Stage 4: Proficient</b>	<ul style="list-style-type: none"> <li>• Decision-making is quicker and more holistic</li> <li>• Guidelines, processes, protocols, and algorithms used with an in-depth understanding of the situation presenting itself</li> <li>• Understands which of the many attributing factors and aspects of care are important and is able to modify care plan in response</li> <li>• Can narrow down the scope of a problem, and recognize when the expected norm is missing</li> <li>• To advance to the expert stage, use case studies where they describe and explain anticipated outcomes. To be effective, case studies should have complexity and ambiguity similar to real clinical situations.</li> </ul>
<b>Stage 5: Expert</b>	<ul style="list-style-type: none"> <li>• Extensive background and experience in the related field</li> <li>• Has an intuitive grasp of each situation and the capacity to make rapid patient assessments and clinical decisions</li> <li>• Performance is fluid and flexible and highly proficient</li> <li>• Uses past concrete experiences; no longer relies on using rules and formulas to guide common practice</li> <li>• Ability to problem solve and perform a new or modified skill in a familiar or unfamiliar environment</li> <li>• Has a holistic approach to any situation vs. fractionated, procedural, or incremental</li> <li>• Clinical knowledge development through systematic documentation (recording and describing) of critical incidents from practice of their performance (1984, p.35)</li> <li>• Provide consultation and coaching based on practice, experience, and intuition to address difficult and uncomfortable circumstances (e.g., dying, acute decline in function); help others to understand and cope</li> </ul>

**References:**

Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82(3), 402-407  
 Benner, P. (1984). *From Novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34